The National Student Nurses Association: a "professional clinical" arena for learning the culture and values of the nursing profession

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The National Student Nurses Association: A "professional clinical" arena for learning the culture and values of the nursing profession

Logan, Jean Elizabeth, Ph.D.
Iowa State University, 1994

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The National Student Nurses Association: A "professional clinical" arena for learning the culture and values of the nursing profession

by

Jean Elizabeth Logan

A Dissertation Submitted to the
Graduate Faculty in Partial Fulfillment of the
Requirements for the Degree of
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1994

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CHAPTER ONE

OVERVIEW OF THE STUDY AND STATEMENT OF THE PROBLEM

Introduction

For persons entering the nursing profession, there are dual responsibilities: to the client for whom they provide direct nursing care (often called the nurse-nursed relationship) and to the profession at large (the nurse-societal relationship) where individual nurses must accept collective responsibilities to society (Quinn & Smith, 1987; Cohen, 1992). Traditionally, nursing curriculums have focused on the nurse-nursed relationships, with nurse educators providing supervised student experiences with individual clients in clinical arenas such as hospitals and clinics (Pitts, 1985). The nurse-societal relationship, however, while often touted as important, has received less emphasis than the nurse-nursed relationship in nursing curriculums (Munhall, 1988; Weis, Schank, Eddy & Elfrink, 1993).

I am a nurse educator who, in the early 1970’s, was a nursing student. Mastering this role was a struggle for me. Nausea, high-pitched ringing noises and a descending black shade constantly threatened me as I assisted with seemingly endless invasive medical procedures. The nursing curriculum
at my school focused almost entirely on care for sick people in an institution; any education addressing the larger nurse-societal relationship was almost non-existent.

I graduated from that nursing school, but without the knowledge I needed to become a professional nurse. I review my student experiences of twenty years ago with regret; yet those experiences, or mostly lack thereof, helped shape my educational philosophy that students must be educated in the nurse-societal realm. In my fourteen years as a nurse educator, however, I have had many interactions with students, other nursing faculty, and practicing nurses that tell me collegiate nursing programs today may still be inadequately preparing future nurses to practice within a larger societal realm.

Others agree with my observations. Members of the National League for Nursing (the NLN) recently gathered to discuss ideas about the future of nursing education (NLN, 1993). From this discussion emerged a written document that called for all nursing programs to educate students at the "macro level of intervention rather than for micro individual situations" (NLN, 1993a, p. 9). Further, the document calls for nursing education programs to prepare graduates to view the health care delivery system as
interactive with social issues (NLN, 1993a). Patricia Mundall (1988), contributing author to a collection of works calling for a curriculum revolution in nursing, urged nurse educators to develop curriculums that help students obtain social consciousness and become committed to professional ideals. She urged educators to "infuse nursing curriculums with professionalism" (Mundall, 1988, p. 229).

Louise Fitzpatrick, a respected Dean and Professor of Nursing wrote, "We (nurse educators) cannot be satisfied with clinical and theoretical competence which results from the most exquisite curricula.... There is that other dimension that concerns motivation and preparation of each new generation of nurses for active participation in the ongoing affairs of nursing and charting its future direction" (Fitzpatrick, 1987, p. 63). The so-called "other dimension"—the nurse/societal relationship—to which Fitzpatrick (1987) poignantly speaks is a vital part of professional socialization.

Professional socialization is commonly defined as an interactive process whereby students, during their education, internalize the culture and values of the nursing profession (Jacox, 1973; Colucciello, 1990; McCain, 1985). This definition of professional socialization, however, is
difficult to operationalize in baccalaureate nursing programs as evidenced by nurse educators' long struggle to identify the complex, essential characteristics of the nursing profession's culture, as well as the elusive processes involved in teaching students how to internalize the culture and values of the profession (Cohen, 1981; Colucciello, 1990).

The failure of nurse educators to flesh out teaching processes that instill professional socialization may, in part, derive from a common assumption in nursing education circles that the processes by which students become professionally socialized are subconscious (AACN, 1986; Smoyak, 1989). For example, in the mid-1980's, a national panel of nurse leaders, other health professionals, and educators convened to define the essentials of college and university education for professional nursing (AACN, 1986). The resulting document affirmed professional socialization as an essential component of nursing education and further defined it as "a largely subconscious process by which the individual acquires the attributes associated with the profession" (AACN, 1986, p. 3). The AACN (1986) encouraged educators to implement the findings of the "essentials" report within nursing curriculums. With professional
socialization assumed to be a subconscious process, however, educators are given little direction on how to assist students in becoming professionally socialized.

Some nurse educators assume that students subconsciously learn much of the culture and values of the nursing profession through active participation in the NSNA (the National Student Nurses Association) and its affiliated state and local chapters (Smoyak, 1989). NSNA, established in 1953, is the official organization for nursing students in the United States. It is an autonomous group, meaning it is not officially attached to any other nursing organization, but it functions much like the American Nurses Association (ANA)—the professional organization for nurses, and representatives from the ANA serve as advisors to the NSNA (Nayer, 1992; Dyrne, 1990).

The purposes of the NSNA, as stated in the bylaws, are: "1) to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; 2) to provide programs representative of fundamental and current professional interests and concerns, and 3) to aid in the development of the whole person, his/her responsibility for the health care of people in all walks of life." (Piemonte, 1982, p. 15). Nursing faculty at the
local nursing program level and a small staff at the national level serve in an advisory capacity to the organization—the NSNA is essentially a student-run organization (Nayer, 1992).

The NSNA was created as "a means of professional development for nursing students" (Doheny, Cook, & Stopper, 1992) and in this sense the organization could be viewed as a non-traditional learning arena for nursing students. In most nursing programs in the United States, however, membership in the NSNA is voluntary. According to current NSNA membership statistics, 35,000 students currently belong to the association (J. Larkin, Executive Assistant to the Deputy Executive Director of NSNA, November 15, 1993). Since there were over 250,000 students enrolled in nursing programs in 1991-1992 (National League for Nursing, 1993), current NSNA membership figures represent less than 14 percent of eligible nursing students. Thus, a large majority of nursing students never have experiences of any nature within the NSNA.

**Statement of the Problem**

There have been a number of studies that focus on professional socialization of nurses and nursing students. However, previous research regarding professional
socialization of nursing students reveals two apparent problems: 1) professional socialization, as a construct, has multiple and/or unclear meanings within nursing education curriculums (Lynn, McCain, & Boss, 1989; McCain, 1985; Olsson & Gullberg, 1988; Cohen, 1981; Doheny, Cook & Stopper, 1992; Hall, 1969; Jacox, 1973), and 2) in the few studies where the professional culture of nursing is clearly delineated, research failed to demonstrate that nursing students internalize the professional culture during their formal educational years (Colucciello, 1990; McCloskey & McCain, 1987).

In addition to the two problems previously discussed, I also feel that even when the professional values and culture of the nursing profession are identified in nursing curricula, these same nursing curricula may fail to clearly address "how" students learn to internalize these specified culture and values. Indeed, one comprehensive review of nursing research found the processes by which nursing students learn professional socialization have been ignored (Conway, 1983).

Experiential learning with a student-run organization may be a way to link nursing education to nursing practice, particularly as experiential learning within non-traditional
learning arenas relates to the nurse-societal relationship. My assumption is that many students who have experiences in using professional attributes will internalize these experiences, value them, and then practice these attributes as graduate nurses relating to society.

The NSNA has been suggested as a practice arena within which experiential learning of the professional nursing culture can occur (Strachota, 1991; Fitzpatrick, 1987). In past years, I served as faculty advisor for the local chapter of the NSNA and through my experiences and observations, I have a sense this organization provides a rich tapestry of learning experiences.

In 1992, I conducted a qualitative pilot study. The focus was on understanding how, or whether, one student's involvement in a local chapter of the NSNA related to learning two professional values: commitment to the nursing profession and giving service back to the nursing profession (Logan, 1992). Six themes emerged from this study and served to illuminate the student's perception of the nursing student organization and the processes of learning the two professional values (Logan, 1992). Further description of the pilot study is included in Chapter Three. Aside from this pilot study, no other research studies that document
students' lived experiences within the NSNA were found.

If students learn to internalize much of the culture and values of the nursing profession through experiences within the NSNA, then documentation of students' experiences within the organization should create new meaning by bringing to awareness which culture and values of the nursing profession students internalize—and how these specified values and culture are learned.

I am interested in the processes that inhibit or enhance student internalization of values held by the nursing profession. In addition, exploration of faculty perception on how experiences within the NSNA relate to the formal and informal nursing curriculum could provide insights into educational content and processes.

The purpose of this study is to describe and understand how, or whether, student experiences within the NSNA relate to internalizing the culture and values of the nursing profession (termed professional socialization). More specifically, the research objectives are:

1) to describe and discuss the meaning of the NSNA for baccalaureate nursing students;

2) to describe and discuss the professional culture and values of the nursing profession
learned and internalized from experiences within the NSNA; and

3) to describe and discuss the meaning of the NSNA for nursing curriculums.

Baccalaureate nursing students with NSNA experiences will be individually interviewed; nurse educators in baccalaureate nursing programs housing a local NSNA chapter will be interviewed through focus groups. The intent of the student interviews is to understand the meaning of student experiences within the organization as related to professional socialization. Faculty perspectives are included in order to understand the meaning of the NSNA within the context of nursing curriculums.

For the purposes of this study, professional culture is defined as the values and norms of the nursing profession (adapted from Cohen, 1981). Internalization is defined as "a process whereby the values and norms of nursing are transformed into one's behavior and self-conception" (Jacox, 1973, p. 6).

Significance of the Study

This qualitative study is significant in three realms: theory, practice, and policy. Very little is known about how, or whether, students are socialized into the profession
of nursing during their time spent in the nursing student role. Even less is known about how sustained student experiences within nursing student organizations relate to internalizing the culture of the nursing profession.

Qualitative studies contribute an inductive approach to theory development—data are grounded in context of the study—from which new meaning emerges (Merriam, 1990). Description of experiential learning within a student organization may generate new theories related to learning the profession of nursing, particularly in the nurse-society realm. Additionally, perceptions of meaning that faculty attach to NSNA experiences may chart new directions in nursing educational theory.

This study has many implications for practitioners in nursing education. First, some clarity may be gained in identifying and understanding essential culture and values of the nursing profession as identified by faculty and/or students. Insights gained from this study may also be useful as faculty evaluate nursing curriculums for both content of professional socialization and the processes by which students become professionally socialized. Finally, possible uses of a non-traditional learning arena—the NSNA—may emerge.
Policy, defined as "a definite course or method of action selected to guide and determine present and future decisions" (Merriam-Webster, 1974, p. 537), is interrelated with practice and theory. Theory that emerges from this study could be used to construct nursing education curriculum policies that, in turn, guide individual nursing curriculums. In a broader sense, policy on the nurse-societal relationship could be examined based upon respondent thoughts.

Dissertation Overview

The remainder of the report of this study is divided into four chapters. Chapter Two is a review of the literature relevant to the issues of professional socialization in general, the nature of professions and professional organizations, overt versus covert curriculums, and student development theories—specifically related to experiential or lived experience learning and student involvement theory.

Chapter Three includes research questions and a justification for the qualitative research approach; it also encompasses the methods used to conduct the study, including a synopsis of a pilot study, identification of the study's sample, data collection and analysis. In the section on
data collection, ethical considerations and trustworthiness are detailed along with a listing of specific interview questions.

In Chapter Four, findings of the study are reported. Themes are used to encapsulate and organize the results, using the lens of the respondents’ own words to provide thick, rich detail.

The results are discussed and interpreted for significance in Chapter Five, along with a summary of the study. Chapter Six cites areas for further research and recommendations for others interested in professional socialization of nursing students.
CHAPTER TWO
REVIEW OF THE LITERATURE

Introduction

This review of the literature serves to clarify the term professional socialization and some of the processes by which it is--and is not--learned and internalized through nursing education programs. The literature review also provides an organizing, integrating framework from which the research purpose and objectives can be justified.

An exploration and analysis of the professional socialization construct is presented, with common characteristics of the construct culled from theory and research. Literature is included on characteristics of a profession as it relates to professional socialization. Specifically, one professional characteristic--use of the professional organization (the ANA) as a major reference and its relationship to the nursing student association (the NSNA)--is examined in depth.

Research and theory on the processes or the "how" of learning professional socialization within nursing education programs are included. Specifically, ways nursing curriculums support, or fail to support, the professional socialization of students into nursing are presented. The
hidden versus the overt nursing curriculum is analyzed as related to students becoming professionally socialized. Astin’s (1984, 1985, & 1987) student involvement theory and experiential learning anecdotals/research within nursing programs are described and discussed. In addition, literature and research on extracurricular organizations and their relationship to the processes of learning are included. Conclusions are drawn, with implications for this study presented.

Professional Socialization

Introduction

One of the espoused purposes of nursing education is to socialize students into the nursing profession (Jacox, 1973). In the nursing profession, socialization has been defined as "a process or set of activities a person utilizes to gain knowledge, skills, and behaviors in order to participate as a member of a particular group" (Doheny et al., 1992, p. 103). The socialization construct, however, has confounded researchers trying to study the construct and readers trying to interpret studies’ findings. Three recent studies serve to illustrate these problems.

Lynn, McCain, and Boss (1989) conducted a five year longitudinal study comparing professional socialization of
the Registered Nurse/Bachelor of Nursing Science students with generic baccalaureate students in a nursing program. Results showed no difference in professional socialization between the two groups on program exit socialization scores. Although questionnaire tools based on socialization concepts (leadership, critical care, teaching/collaboration, interpersonal relations and communication, planning and evaluation, and professional development) were used, the authors concluded professional identity may be too poorly defined for study.

In another study, McCain (1985) tested Cohen’s 1981 developmental model of professional socialization, which proposes that nursing students progress through four stages (unilateral dependence, negative/independence, dependence/mutuality, and interdependence) in route to becoming professionally socialized. The fourth stage is purported to culminate with the integration of a professional role identity into the individual’s self-concept. Findings did not support the model; McCain (1985) proposed that further research was needed to revise Cohen’s model or to develop other theories that clarify the processes underlying professional socialization.
In a third example, researchers conducted a longitudinal study of student nurses in Sweden that examined attitudes and expectations of professional status at the beginning of the educational program, the end of the program, and one year following graduation (Olsson & Gullberg, 1988). The study found professional status was most often accepted as important one year following graduation. The authors concluded that internalization of professional status is influenced by time. However, a major problem in this study is the omission of a definition or description of professional status; the reader is unable to determine what components of professionalism are being examined.

Characteristics

Nurse authors and others (mainly sociologists) have made attempts to clarify and characterize the professional socialization construct, but views differ. Indeed, Miller (1985) claimed the concepts of profession, professional and professionalism have varied meanings related to historical perspectives, sociologist viewpoints, and the nursing profession's image in society. Further, she advocated the need for nursing scholars to come to agreement on characteristics of professionalism so that usage becomes
meaningful (Miller, 1985).

Additional research and models related to professional socialization in nursing are described and discussed next. It should be noted that almost all of the cited research studies are quantitative in nature. Exceptions are identified throughout the literature review.

One model in nursing describes essential characteristics and behaviors of professionalism in an attempt to gain consensus for interpretation of professionalism in nursing (Miller, 1988). The model was developed from behaviors of professionalism depicted in the ANA Code For Nurses, the ANA Social Policy Statement and views of other nursing leaders and scholars.

The critical behaviors of the model, represented as the hub of a wheel, are 1) formal education in the university setting, and 2) education with a scientific background (Miller, 1988). Essential characteristics, described as the spokes of the wheel, giving "additional strength to the wheel" are: adherence to the Code for Nurses, publication and communication, professional organization participation, self-regulatory and autonomy, research, continuing education, community service orientation, and theory (Miller, 1988, p. 22).
Cohen (1981) viewed professional socialization as related to outcomes; specifically, with four goals for nursing students: (1) to learn the technology of the profession, including the facts, skills and theory; (2) to learn to internalize the professional culture; (3) to discover an acceptable version of the professional role; and (4) to integrate this professional role into other life roles (p. 15). The first goal is the cognitive aspect of socialization, consisting of facts and theory in the classroom; the third and fourth goals are related to development of unique, individual professional roles.

It is Cohen’s (1981) second professional socialization goal, in which the student internalizes the professional nursing culture, that is most difficult to grasp and operationalize, yet it has many implications for the nursing profession and nursing education arenas. This goal is further discussed in the next section of the literature review.

The professional nursing culture

Cohen (1981) attempted to clarify this second goal by referring to the culture of the profession as "the values, norms, motivational attributes, and ethical standards held in common by other members of the profession" (p. 15).
According to Cohen (1981), this goal encompasses the nurse-societal relationship.

Doheny, Cook and Stopper (1992), also addressing the professional nursing culture, proposed that if common values and norms are internalized by the end of the formal education period, the graduate leaves the nursing program with an identity in nursing that equips him/her for continued learning and accommodation to changing ideas.

Pavalko and Holley (1974, p. 482) examined previous research on "occupational subcultures and their impact on individuals"--their definition of professional socialization. They concluded, in agreement with Doheny, Cook and Stopper (1992), that the professional self-concept is developed through experiences that enact the professional role while the individual is still in the educational program.

Greenwood (discussed in Hall, 1968) viewed professional culture, described as a means of differentiating between outsiders and professionals, as one of five attributes central to a profession. Professional culture was further delineated as the language and symbols of the profession, as well as the norms that control membership in profession (Greenwood in Hall, 1968).
What are the values and attitudes held in common by members of the nursing profession? The concept of autonomy has been singled out as an important component of professional socialization (Hall, 1969; Jacox, 1973). Considered as an attitudinal (or value) aspect of professional socialization, and operating under the assumption that attitudes influence behavior, individuals exhibiting autonomy function freely within their professional roles (Hall, 1968). Jacox (1973) connected autonomy to organizations by advocating that knowledge and experience within organizations and larger communities would assist students in developing autonomy.

In addition to autonomy, Hall (1968, p. 93) considered four other attributes essential to professional socialization: 1) a belief in service to the public (the nursing profession is indispensable and the work it does benefits both the public and the nurse); 2) a belief in self-regulation (a fellow nurse is best qualified to judge the work of another nurse); 3) a sense of calling to the field (a dedication to nursing and a wish to remain in the field even if few extrinsic rewards are available); and 4) use of the professional organization as a major reference (the formal organization and informal peer groups provide
the majority of ideas for the nurse in his/her work). Use of the professional organization as a major referent is analyzed in more detail later in the literature review.

Commitment to the nursing profession is advocated as yet another value important to professional socialization (AACN, 1986). It is asserted students become committed to the profession if they have adopted the attributes of the nursing profession, which include a clear vision of the role of the profession and the self as part of the nursing profession (AACN, 1986).

Quinn and Smith (1987) emphasized that persons entering the nursing profession accept dual responsibilities: 1) to the client for whom they provide direct nursing care, and 2) to the profession at large where individual nurses must accept collective responsibilities to society. Cohen (1982) also echoed the need for nurse responsibility to society by calling for nursing education programs that prepare graduates for participation in political and sociological dimensions of society.

**Outcomes**

From this succinct review of the literature, the following goals of professional socialization into nursing are culled: a knowledge of the nursing technology; language
and symbols of the profession; integration of the professional role into other life roles; and internalization of the professional culture.

The most ambiguous of the professional socialization goals, internalization of the professional culture, can be further clarified through identification of these values: belief in self-regulation of the profession; belief in a sense of calling to the field and public service; belief in autonomy; commitment to the profession as related to both the nurse/client and the nurse/society relationship; commitment to continued learning; and belief in use of the professional organization as a major referent. Professional socialization is thought to be developed through experiences within the nursing curriculum that enact the professional role (Doheny et al., 1992; Pavaiko & Holley, 1974).

Research on nursing students and Registered Nurses

Current research fails to demonstrate that, during their formal educational years, nursing students learn and subsequently internalize the majority of the professional nursing culture characteristics or indeed, that graduate nurses exhibit the characteristics of professional socialization. In one study, sophomore students who had declared nursing as a major, but who had not yet entered the
nursing courses, had a higher degree of professional socialization as measured by Hall’s (1968) five attitudinal dimensions of professionalism, than either senior or masters nursing students (Colucciello, 1990).

McCloskey and McCain (1987) studied professionalism in graduate nurses (RNs) during their first year of employment in a hospital. They found an actual decline in the nurses’ degree of professionalism as indicated by lower scores on 1) their use of the professional organization as a major reference and 2) their belief in public service.

Based on Miller’s Model for Professionalism (discussed earlier in the literature review) and the tenets of the professional organization (the ANA), a behavioral inventory was developed and then administered to 515 Registered Nurses (Miller, Adams, & Beck, 1993). Although the majority of respondents demonstrated professional behaviors such as continuing education activities and community service, the majority did not consider publication, research activities and participation in the ANA to be a priority. Further, some respondents could not even identify the purpose of the ANA.

Conway (1983) reviewed numerous research studies on socialization and roles in nursing. She found that most of
the studies, conducted to assess the degree of professional socialization, were conducted on a given population—either students of nursing or graduates of nursing programs—at a time-specific point. She concluded that these studies ignored the processes of socialization. In addition, Conway (1983, p. 204) asserted "still unknown are the critical variables that contribute to 'complete' socialization and their relative contribution to the socialization of those nurses who are judged successful in the performance of their roles."

In a rare qualitative study focusing on professional self-concept of senior nursing undergraduates, respondents were found to value professional competence and perceived themselves as caring, yet identified a lack of confidence in their skills (Kelly, 1992). Student responses focused exclusively on the nurse/nursed relationship; the nurse/societal relationship was excluded. From this study’s description, it is difficult to ascertain whether researchers failed to ask students about the nurse/societal relationship or whether these nursing students simply did not include this socialization component as part of their professional self-concept.

In a study of professional values in baccalaureate
nursing education, program objectives were compared to the following seven professional nursing behaviors: altruism, equality, esthetics, freedom, human dignity, justice, and truth (Weis et al., 1993). These professional nursing behaviors were classified according to the roles of baccalaureate graduates—provider-of-care, member-of-profession, and coordinator-of-care. Member-of-the-profession behaviors were found less frequently in program objectives than provider-of-care behaviors. Weis et al. (1993) concluded that there may be greater emphasis on patient care roles than on member-of-the-profession roles in baccalaureate nursing education programs.

Summary

This section revisited literature on professional socialization of nurses. Three problems are apparent: (1) professional socialization, as a construct, has multiple and ambiguous meanings within nursing; this ambiguity presents problems when authors try to design and then interpret findings from studies on professional socialization; (2) some studies do not support the assumption that students become professionally socialized, especially in the nurse-societal realm, during their formal education period; and (3) the processes or the "how" of
students becoming professionally socialized during the formal nursing education years are rarely documented.

The next section of this review of the literature focuses in depth on professional nursing organizations and their relationship to professional socialization. This study takes place in the context of the NSNA (National Student Nursing Association) with one of its purposes to examine the meaning of experiences of nursing students within the NSNA. Therefore, discussion of the NSNA as a professional organization ensues, along with a discussion of its relationship to graduate nurse professional organizations.

**Professional Organizations**

**Definition and purpose**

Further discussion and description on what it means for an occupation to be considered a profession is presented. Leaders in nursing have long debated whether nursing has the attributes necessary to even be considered a profession. In particular, attitudinal attributes of professionalism, described as "reflecting the manner in which the practitioners view their work" (Hall, 1968, p. 93), are considered essential in the professional model. One of Hall's (1968) attitudinal attributes of professionalism,
discussed earlier, is the use of the professional organization (in the case of the nursing profession, this group is the American Nurses Association, henceforth known as the ANA) as a major reference group.

What are the purposes of the professional organization? One of its functions is to help the practitioner be effective in the professional role (Merton, 1958). The organization also acts as a vanguard for setting standards for the profession and serves as a mediator between the profession and society at large. Thus, society recognizes the professional association as the "voice of the profession" (Quinn & Smith, 1987, p. 146). Cole (1987) asserted nursing will not maintain control of nursing practice without a strong professional organization. To be able to speak for the profession, however, the association must represent as many members of the profession as possible, thus striving for completeness (Merton, 1958).

What does the professional organization mean for nursing? Certainly, the use of the professional organization (the American Nurses Association) as a major reference group is not an apparent value of the vast majority of practicing nurses today. It is the only professional organization that gives a collective voice to
individual nurses, yet membership figures have actually declined in recent years. In 1980, membership in ANA was at 14% of all eligible nurses (Bernhard & Walsh, 1990). This figure, while low, continued to drop; a 1988 membership estimation showed only 9.5% of all eligible nurses were ANA members (Bernhard & Walsh, 1990).

Nursing education and professional organizations

Since research reveals most graduate nurses do not use the professional organization as a reference group, it could be queried: What has nursing education done, or failed to do, that contributes to nurses devaluing the professional organization? A follow-up to the first question is: How do experiences within nursing student organization environments, sometimes considered co-curricular opportunities (Fitzpatrick, 1987), relate to learning and internalizing use of the professional organization as a reference group, along with other professional socialization behaviors?

The NSNA (National Student Nurses Association) is one such co-curricular organization. A description of the NSNA, along with its stated purposes, was included in Chapter One. To reiterate, the NSNA functions much like the American Nurses Association and representatives from the ANA serve as
advisors to the NSNA (Nayer, 1992; Byrne, 1990).

According to a 1990 NSNA survey, students joined the organization for the following reasons: "to feel a part of the nursing profession while still in school", "to be involved in nursing issues", and "to become involved in NSNA activities" (Fetters, 1992, p. 134). Students also hold state and national conventions with elected delegates to discuss and vote upon issues related to nursing. Membership in this organization, like the ANA, is proportionately low at less that 14% of eligible members (J. Larkin, Executive Assistant to the Deputy Executive Director of NSNA, November 15, 1993; NLN, 1993).

In a descriptive study of nursing school alumni, Gunning and Hawken (1990) questioned whether encouraging students to participate in professional organizations leads them to become members of profession organizations after graduation. In addition to the ANA, other nursing organizations were included as indicators of a professional organization. Through a survey, Gunning and Hawken (1990) found eighty-one percent of subjects involved as students in organizations were active currently in professional nursing organizations. Only 47 percent of those students not involved as students were currently actively involved in
professional organizations.

While Gunning and Hawken's (1990) quantitative study showed membership in student organizations may relate to later action within the profession of nursing, it did not delve into how membership in the student organization might lead to this later action. Also, by including other organizations (i.e., Sigma Theta Tau, a nursing honor society) aside from the ANA as indicators that graduates are professionally involved, the study dilutes Hall's (1968) assertion that the professional organization (in nursing, the ANA meets this criteria) is used as a major reference group. When the charts in Gunning and Hawken's (1990) study were analyzed, only 80 out of 634 graduates claimed membership in ANA. These figures translate to less than 13 percent of the surveyed graduates holding membership in ANA, a figure not far above the national membership statistics (Bernard & Walsh, 1990).

In a study of first-year baccalaureate nurse graduates, respondents viewed the ANA as valuable for the profession and representing nursing, but of the 162 subjects, only 32 reported membership of the ANA, which translates to about 13.5% (Bailey, 1987). In addition, less than forty percent (39.9%) of the graduates reported they had been members of
the National Student Nurses' Association (NSNA) during the time they were enrolled in their nursing education programs. Graduates who had formal curriculum content on professionalism as undergraduate students failed to hold ANA membership more frequently than students without curriculum content. The researcher concluded the nurses in this study were not oriented to the ANA as a reference group for their own professional identity (Bailey, 1987).

Another study investigated whether postlicensure baccalaureate education was associated with joining a professional organization and found that 30% of the RN-to-BSN group belonged to the ANA (Witt, 1993). Even though this sample was ahead of the national membership estimates, this figure is still low.

In a cross-sectional study involving professional attitudes of RN students enrolled in a BSN program, it was found that students who plan involvement in professional nursing organizations post-graduation are likely to have strong professional identities (Periard, Bell, Knecht, & Woodman, 1991). The authors concluded that professional attitudes advance during the RN/BSN program. What the researchers failed to consider is if the professional attitudes translate into action through holding membership
in the ANA following graduation.

Summary

In this section on nursing programs and professional organizations, a mixture of findings emerged. Two studies focused on RN-to-BSN students, a population already practicing as Registered Nurses who had returned to college to obtain a baccalaureate degree (Periard et al., 1991; Witt, 1993). Certainly this group needs to be studied, but students within the traditional collegiate path to the BSN could be assumed to have many different experiences from RN-to-BSN students. The other reviewed studies failed to consider the processes of how student experiences within student organizations might lead to valuing the professional organization.

Curriculums

Explicit and implicit curriculums

Bevis and Watson (1989, p. 74) defined curriculum as "those transactions among faculty and students so that learning occurs". Within the nursing curriculum literature, the following dualistic terminology can frequently be found: explicit/implicit, legitimate/illegitimate, and overt/covert. These terms have ramifications for nursing curriculums as related to professional socialization content
and the processes by which students learn this content.

Bevis and Watson (1989) concluded nursing curriculums encompass aspects of learning that are not explicit. Further, they proposed that every nursing school has four curricula: 1) the legitimate curriculum, agreed upon by the faculty; 2) the illegitimate curriculum, not formally sanctioned by the faculty, but nevertheless, taught in such areas as caring, ethics, power, politics, and accountability; 3) the hidden curriculum, the subliminal messages sent via the way faculty teach and interact with students; and 4) the null curriculum, the curriculum that is not in existence even though it may be believed in by all nursing faculty.

Pitts (1985) talked about the relationship between the overt and covert curriculum in nursing education programs. She defined the overt curriculum as being composed of core skills and knowledge needed to practice nursing upon graduation from a nursing education program. Further, Pitts (1985) also discussed the subjective experiences of the students that are felt to be part of the covert curriculum within nursing education. Pitts (1985) further asserted that because these subjective experiences are hidden, this part of the curriculum is immune from scrutiny; some
professional values are, therefore, not fostered in the curriculum in a carefully nurtured way.

Others agree with Pitts (1985) about the problems inherent in a covert curriculum and have called for changes within nursing education. For example, Cook (1991, p. 1462) asserted that the hidden curriculum needs "to be exposed" in order to raise nurse educators’ consciousness about the benefits and consequences of the "hidden learning".

Elfrink and Lutz (1991) surveyed a national sample of bachelor’s-degree educators about professional values. The study concluded that values education was not systematically planned and tended to be taught through an informal curriculum. A comprehensive review of values education research found that values are not emphasized in the curriculum and, when included, are often taught informally through discussion as questions arise (Lutz, Elfrink, & Eddy, 1991).

In summary, according to the reviewed literature, many characteristics of the professional socialization construct (i.e., autonomy, ethics, and values) are not considered legitimate within nursing curriculums and, therefore, may be taught haphazardly, or not at all within nursing education programs (Elfrink & Lutz, 1991; Lutz et al., 1991). Nurse
educators have called for these hidden curriculums to be illuminated, so that professional values can be more carefully fostered within nursing curriculums (Pitts, 1985; Cook, 1991).

Processes of learning

Why and how content is taught or learned draws upon philosophic processes by which students explore the nature of meaning, valuing, choosing, and knowing (Schuster, 1993). Within the last ten years, nursing leaders have called for a curriculum revolution. Instead of the long-held emphasis on content, nursing programs are being challenged to focus more on process and outcomes, especially when helping students to develop values that are essential to professional nurses (Valiga, 1988).

In the current nursing curriculum revolution, the view of a curriculum as simply a set of objectives is rejected, and instead, the curriculum is focused on the "how" or the "lived experiences" of students and teachers working together to understand nursing knowledge and practice (Diekelmann, 1988 & 1990). Bevis (1989) called for a restructuring of learning so that the nursing student can become actively engaged in the learning process. She poignantly states, "content must become the substance used
for engaging in scholarly pursuits, not the gist, material, and matter of lectures" (Bevis, 1989, p. 64).

**Instructional methods**

Nursing education is not alone in advocating a restructuring of learning. There have been calls for a parallel restructuring of learning throughout undergraduate education in the United States.

Collaborative teaching approaches, in which students take responsibility for their own learning and learn from each other, have been found to be very effective in higher education (Terenzini & Pascarella, 1993). Further, in the book *Women's Ways of Knowing*, it was documented that women learn and develop best through collaboration as opposed to debate, and an emphasis on connection—an orientation toward relationships—rather than separation, which entails an orientation toward separate rules (Belenky, Clinchy, Goldberger, & Tarule, 1986). These women also stated they could "develop their own authentic voices" if "knowledge emerges from firsthand experience" (Belenky et al., 1986, p. 229). These documented processes of intellectual development have implications for the nursing education, for women compose the vast majority of the profession's members.

Terenzini and Pascarella (1993) debunked the myth that
traditional instructional methods are effective ways of teaching students. Research studies show evidence that the more effective ways of teaching promote active student involvement in the learning process (Pascarella & Terenzini, 1991; Terenzini & Pascarella, 1993). Astin (1993, p. 38), following compilation of research on how undergraduates students are affected by their college experiences, defined active learning as "a wide range of activities in which students are either 1) actively involved and engaged or, 2) required to take a good deal of initiative in enhancing their own learning." Astin (1993) also summarized research studies that found learning and retention are enhanced when active strategies, such as experiential learning techniques are used instead of passive strategies (i.e., listening to lectures and reading).

Further discussion on Astin’s involvement theory and its relationship to the processes or the "how" of learning in undergraduate education is explored next; the use of experiential learning as an active way to address the "how" of professional socialization in nursing follows.

Involvement theory

Astin (1984, 1985, 1987) has written extensively on a theory of student development that has implications for
undergraduate education. This theory, called student involvement, is based on empirical knowledge of environmental influences on student development; it also draws on classical learning theory. Involvement is defined as "the amount of physical and psychological energy that the student devotes to the academic experience" (Astin, 1984, p. 297). An example of a highly involved student is one who participates actively in student organizations and who interacts frequently with faculty and other students (Astin, 1985).

In the student involvement theory, students with greater involvement experiences are purported to achieve a greater amount of learning and personal development than their counterpart, the uninvolved student (Astin, 1985). This theory of student involvement is most concerned with the "how" or the processes that lead to student development. Educators are called upon to focus on what the student is actually doing, with an emphasis on teamwork between students, "cooperation rather than competition" (Astin, 1967, p. 19).

The person-environment interaction is the cornerstone of Astin's involvement theory; how the environment is structured is related to the amount of involvement that the
student is willing to pursue. In turn, a friendly environment facilitates the "how" of student learning.

In summary, person-environment interaction models focus on three aspects: 1) the person, 2) the environment, and 3) the interaction between the person and the environment (Rodgers, 1990). This person-environment model can be applied to nursing education: the person could be viewed as the nursing student; the environment, the NSNA (a student organization); and the interaction between the person and environment, the nursing student and his/her experiences within the NSNA. Astin’s (1984, 1985 & 1987) involvement theory is a holistic view of how students learn and develop during their college years. According to Astin’s theory, the traditional classroom environment is not singled out as the exclusive domain for student learning.

**Experiential learning**

Specifically within nursing education, experiential learning theory has been advocated as important. Burnhard (1989) defined experiential learning as "learning concerned with personal experience and with practice rather than theory" (p. 301). Further, he purported experiential learning is viewed in multiple, differing ways by nurse educators; some curriculums might be entirely based on
experiential learning, while others may use it only with certain topics.

In a study of United Kingdom nursing students and nursing educators, perceptions of experiential learning were explored (Burnard, 1992). Through interviews with a small group of educators and students and questionnaires to the total population of nurse educators in the U.K. and a stratified sample of students in Wales, subjects were asked to define experiential learning. Three statements were cited by the majority of respondents: "1) It is learning by doing, 2) It is personal learning, and 3) It involves reflection" (p. 155). Most of the students equated experiential learning with clinical learning, while the nurse educators viewed experiential learning as a classroom activity. Burnard (1992) concluded that experiential learning was conceived of as an active rather than a passive form of learning. In this sense, Burnard’s (1992) conclusions about experiential learning are similar to Astin’s (1985, 1987) theory that advocates active or involved learning.

In the past five years, nurse educators have written about a plethora of experiential learning situations that are touted as vehicles to help students become
professionally socialized. Descriptions of these programs follow.

One nursing master’s program implemented experiential activities designed to develop student appreciation for professional organizations, political action, and health policy involvement (Batra, 1992). For example, in every graduate course students were required to be active in the professional nursing organization (ANA); thus, students were involved in experiential learning over a period of time. Anecdotal from students revealed their consciousness was raised in terms of the effectiveness of the professional organization.

Within the classroom, nursing students have been organized as if they were members of a nursing association (Spickerman, 1988; Lindsay & Gaddis, 1991). In the Spickerman article (1988), students were required to be active members of committees and participate in assignments that surrounded current issues in nursing. The purpose of the experience was to assist students to internalize values and norms of a profession.

Although Spickerman (1988) considered this an experiential learning environment, the situation was artificial in the sense that students were not involved in a
sanctioned nursing organization; instead they created a mock organization within the classroom environment, making some of the learning outcome assumptions questionable. For example, Spickerman (1988, p. 13) asserted that these students will not be intimidated later because "their socialization for participation in professional activities has begun". The question remains whether a mock experience necessarily transfers to experiences in an actual organization.

Another nursing program developed a course to facilitate student attendance at a state constituent convention of the American Nurses Association (Hettinger, 1992). The intent of the course was to encourage students to be involved in their professional nursing organization which, in turn, was purported to help students establish a professional identity. Students gathered after the convention and summarized the experience, with faculty interacting with and reacting to the student experiences.

Lindsey and Gaddis (1991) presented phased learning activities where students considered problems in nursing and proposed solutions. They concluded the experience gave students an opportunity to value the professional organization, although once again the students were not
directly involved with the American Nurses Association.

Carlson-Catalano (1992) proposed an experiential framework consisting of classroom teaching methodologies to empower students for professional practice. These teaching strategies revolved around analytic nursing, change activities, collegiality, and sponsorship. One of the goals of this experiential framework was to promote professionalism; however, once again, professionalism was not defined.

Political activism was taught by having students actively participate in health policy and political activities (Williams, 1993). Faculty and students interact, once again, through a process-focus of nursing as faculty serve as role models or mentors for the students.

Although there are many documented experiential learning situations, these are mainly anecdotal descriptions. Indeed, following a review of research on teaching methods, Omermann (1990) called for more studies on the effectiveness of experiential modes in nursing curriculums, particularly since these strategies "provide active learner involvement which is thought to promote affective learning" (p. 18).

To summarize this section on experiential learning, all
of the experiential learning situations discussed, with the exception of a master’s program in which students have experiences within the ANA (Batra, 1992), occurred within the traditional classroom environment. Missing from the literature is very little mention of non-traditional arenas that provide valuable student experiences, particularly as related to professional socialization.

Fitzpatrick (1987), in a powerful editorial, asserted that the National Student Nursing Association (NSNA) is being overlooked as a resource that teaches students about the processes of professional governance and assists them to internalize the value of professional membership. Seven years after Fitzgerald’s (1987) editorial was written, there is still no research (except for a pilot study by Logan, 1992) that documents student experiences within the NSNA and the relationship of these student experiences to professional socialization.

Conclusion

Major insights gained from this literature review are:
1) professional socialization is a complex construct with multiple meanings within nursing; 2) some studies do not support the proposition that nursing students become professionally socialized during the formal educational
period; 3) especially within the nurse-societal realm of professional socialization, nursing curriculums tend to be implicit or hidden, with processes of learning rarely documented; 4) nursing student experiences within student organizations are not documented; 5) throughout undergraduate education, active student learning, rather than passive learning, has been found to be effective in learning and retention; 6) Involvement theory advocates educational environments outside the traditional classroom as important to student development; and 7) experiential learning situations within nursing are documented almost exclusively within the traditional classroom environment.

This literature review documents the need for further research on the topic of professional socialization of nursing students as related to a non-traditional learning arena, the nursing student association (NSNA). This literature review raised the following questions: How does experiential learning help students internalize the culture and values of the nursing profession, or does it? How does the NSNA serve as a vehicle that fosters socialization into the profession, or does it? What is the relationship of the nursing curriculum to experiences students have within the NSNA? These questions are addressed in this study.
Qualitative research has its roots in problems identified in practice. Questions about the process of a phenomena (the why or how something happens), and questions of understanding (the what, why and how of the happening), often guide this type of research (Merriam, 1988).

In Chapter One, the purpose of the study was put forth, along with three general research objectives that address student experiences within the NSNA. These research objectives and their corresponding questions were developed from the review of literature, the pilot study I conducted (Logan, 1992), and my personal experience as a nurse educator and advisor to a local NSNA chapter. The research objectives were directed at both groups of respondents, students and faculty, although the amount of emphasis on each objective varied based upon the type of respondent. Following are the three general research objectives (reiterated from Chapter One), along with a list of specific questions for each objective.
1. Describe and discuss the meaning of the NSNA for baccalaureate nursing students.
   a. What was the perception of the purpose/s of NSNA?
   b. Why did students become involved in NSNA?
   c. What was the nature of student involvement in the NSNA?
   d. How did students learn about the profession of nursing through experiences within the NSNA, or did they?
   e. Who, or what, influenced involvement in NSNA?
   f. How was participation in the NSNA connected to the students’ future roles as practicing professional nurses?

2. Describe and discuss the professional culture and values of the nursing profession learned and internalized from experiences within the NSNA.
   a. Which nursing profession values/culture, if any, were learned through experiences within the NSNA?
   b. How were these values/culture learned through experiences within the NSNA, or were they?
   c. What is the perceived difference, if any, between learning and internalizing the values and culture of the nursing profession?
d. How do experiences within the NSNA relate to internalizing the values and culture of the nursing profession?

3. Describe and discuss the meaning of the NSNA for nursing curriculums.
   a. How did the NSNA, in reality, relate to the nursing curriculum?
   b. How should the NSNA ideally relate to the nursing curriculum?
   c. What was the relationship of the nursing faculty to the NSNA?

**Methodology**

Qualitative research methods come from the naturalistic paradigm that views "all realities to be multiple and shifting, that take for granted a simultaneous mutual shaping of knower and known, and that see all inquiry, including the empirical, as being inevitably value-bound" (Ely, Anqu, Friedman, Garner, & Steinmetz, 1991, p. 2). Complex constructs and their processes (for example, professional socialization) are particularly amenable to qualitative research since words are used to richly and thickly describe the data; the ultimate goal is to understand the meaning of an experience (Merriam, 1988).
Research that delves into description of context, setting, and participants' frame of reference is a good fit to qualitative research methods (Marshall & Rossman, 1989). Guba (1985, p. 89), in speaking of the symbiotic relationship of meaning and context, stated, "to find meaning, one needs to focus on the complex interrelationships that create a structure". Qualitative methods exist to embed meaning into the context of a situation. In addition, when an understanding of values is essential to the outcome of the study, qualitative research methods are an appropriate choice (Lincoln & Guba, 1985).

In the field of nursing, qualitative methods are needed to study the whole of human experience, including the characteristics of a phenomena (Beck, 1993). This study sought to understand how nursing students and nurse educators (participants' frame of reference) viewed the NSNA (the setting and the context of the phenomena under study) as it related to learning and internalizing the culture and values of the nursing profession (complex constructs). These preceding examples illustrate that qualitative methods are valid and essential to the focus of this inquiry.

I am experienced with qualitative research methods. A pilot study provided me with practice in qualitative methods
and reaffirmed my conclusion that qualitative methods were essential to the nature of this study. In addition to conducting my own pilot study, I served as a peer reviewer in another doctoral student’s pilot study. A description and discussion of the pilot study follows.

The Pilot Study

In the fall of 1992, I conducted a pilot study. The focus of the study was to understand how, or whether, a student’s involvement in a nursing student organization (a local chapter of the NSNA) related to learning two professional values: 1) commitment to the nursing profession, and 2) giving service back to the nursing profession. According to the nursing literature (Hall, 1968; AACN, 1986), these two values compose part of the professional socialization construct.

The student, a full-time senior nursing student at a small mid-west liberal arts college, served as president of the state association of nursing students (the state chapter of the NSNA) at the time the pilot was conducted. I conducted two indepth interviews with this student.

The major interview questions were as follows:
1) Why did you choose to become active in the nursing student organization and hold an officer position? 2) What
have you learned about the profession of nursing from your experiences in the nursing student organization? 3) Why do you value commitment to the profession of nursing? 4) How does your participation in the nursing student organization help establish this commitment? 5) How does your experience in the organization instill the value of giving service back to the nursing profession? 6) How do you think your participation in the nursing student organization is connected to your formal nursing curriculum? 7) How do you think your involvement in the nursing student organization will relate to giving service back to the profession as a registered nurse?

Responses to the interview questions were then unitized and categorized (this process is fully described in the research design section). Six themes emerged from the pilot study data. These themes were: 1) ways to learn commitment, 2) nursing education influences on involvement, 3) factors outside nursing education as influences on involvement, 4) nature of involvement in the student organization, 5) curriculum factors, and 6) nursing profession knowledge and the student organization. Each theme illustrated the student's perception of the nursing student organization and her process of learning two
professional values: 1) commitment to the nursing profession and 2) giving service back to the nursing profession.

In addition to practice in using qualitative research methods, the pilot study provided me with insights into ways this larger study could be better focused. For example, I learned that the nursing student had difficulty defining and articulating what "commitment" to the profession entailed and interpreting what it meant to be a "professional person". I concluded that the student did not have the background to specifically answer these questions. As a result, I may have been leading the respondent too much in her answers. In this study, the questions were more broadly focused, allowing the respondents more latitude in their answers.

Because of my experiences with the pilot study and as a conclusion to the literature review which found no qualitative studies that explored the meaning of the NSNA for nursing students, I broadened the interview questions, formulating them to encompass and explore the many uncharted areas of the phenomena under study. The pilot study emphasis on only two professional nursing values was restrictive in the sense that the student had additional
The pilot illustrated a single student’s perceptions on learning two professional values within the context of the NSNA. In addition to broadening the interview questions, this larger study increased the number of respondents (both nursing students and faculty are included) and program sites (two different nursing programs that house local NSNA chapters).

Research Design

Site and sample selection

Site considerations in qualitative research should include a regard for: 1) accessibility; 2) a diverse mix of people, processes and programs that may be part of the research focus; 3) whether the researcher can be present as long as is needed; and 4) an availability of credible sampling (Marshall & Rossman, 1989).

To meet the site considerations discussed above, two sites were chosen for this study: a nursing program at a large public midwestern university and a nursing program at a small private, midwestern liberal arts university. Both of these sites had a local chapter of the NSNA which facilitated credible sampling choices. These sites were
within a reasonable driving distance, which made the sites accessible and allowed adequate time for me to become immersed in the field.

Use of these two sites provided for differences in people (for example, varying educational backgrounds and career paths of faculty and students) and programs (differing curricula and differing ways the NSNA was attached to the two nursing programs and their curricula). A credible group of respondents was also found at these two sites. Baccalaureate students who held local or state chapter NSNA officer or committee positions were available, as were nurse educators with curriculum planning experiences, those who served as NSNA advisors and/or those who taught professionalism in the formal nursing curriculum. Further discussion of respondent selection criteria occurs in the next section of this chapter.

The heads of the two nursing programs were initially designated as gatekeepers in the field. Gatekeepers are utilized to facilitate researcher entry into the designated sites, and to motivate receptivity of the study’s environments and participants (Marshall & Rossman, 1989). The two designated program heads were contacted by letter at the beginning of the semester in January 1994. The letter
introduced the inquirer, the purpose of the study, and requested permission to conduct research at each institution. The letter also requested the names of students and faculty who met the criteria for participation in the study. A follow-up phone call was made one week after the letter was sent. The dean of the large public university deferred the gatekeeper role to the undergraduate nursing program head, who subsequently agreed to become the gatekeeper. The nursing program division head at the small university site agreed to serve as gatekeeper. The gatekeepers also assisted me in making arrangements for interviews and provided descriptive documents of the nursing curriculum, as well as the local NSNA, at each nursing program.

**Respondent selection**

To address questions about credibility and trustworthiness (discussed later in this chapter), key respondents should represent a wide variation in the people under study and occupied relevant positions in the setting (Dobbert, 1982). Selection of the sample should be done in ways that expand the sample until redundancy of information is reached, then sampling is terminated (Lincoln & Guba, 1985). The point of redundancy is referred to as "the point
at which efforts to net additional members cannot be justified in terms of the additional outlay of energy and resources" (Lincoln & Guba, 1985, p. 233). This study attempted to select respondents based on the above discussed criteria. A description of the study’s respondents follows.

Key respondents in this study included six upperclass nursing students (three from each designated nursing program) who were active in local or state mid-western chapters of the NSNA. Upperclass meant junior or senior year status with respondents having completed at least one semester of nursing classes. "Active" was defined as holding an officer position in the organization or serving as the chairperson of one of the organization’s committees.

My assumption was that active students could provide a richer, more personal description of experiences within the NSNA than could students who have had minimal contact with the NSNA. This assumption is supported by Astin’s (1987, p. 298) theory of involvement which states, "the amount of student learning and personal development is directly proportional to the quality and quantity of student involvement in that program." To reiterate, the purpose of the study was to describe and understand how, or whether, student experiences within the NSNA relate to internalizing
the culture and values of the nursing profession. A study consisting of participants with minimal or no NSNA contact would not address the study’s purpose. Advanced nursing students also have more background in nursing-related curriculum content than first or second year nursing students and, therefore, they were presumed to have more thoughts and experiences related to the realm of professional socialization.

The six selected nursing student respondents were current officers in their respective local chapter of NSNA (five students) or had held an officer position in the recent past at the state level of NSNA (one student). At the large university, all three students were in their last year of the nursing curriculum. Individually, they held the titles of president, vice-president and treasurer of the nursing student organization. Like the students at the large university, the students at the small university were also in their senior year, holding officer roles as local chapter president, local chapter vice-president, and state president. (The state president completed her term of office four months prior to the first interview. In the year prior to serving as state president, this same student had been in the state treasurer position.)
Selected nurse educators affiliated with the two nursing programs housing the local NSNA chapters were also respondents. The gatekeepers were asked to refer faculty who currently taught or had recently taught concepts of professional socialization in the formal nursing program curriculum, faculty who chaired nursing curriculum committees and/or those who served or had served in the past as faculty advisors to the NSNA. Four nursing faculty members meeting the previously discussed criteria participated in focus group interviews at each site.

At the large public university, the roles of the four faculty included: current and past local chapter NSNA advisors, state chapter nursing student association advisor, past chairperson of the Academic Council (which determines nursing curriculum), and teacher of a beginning nursing course entitled: Professional Nursing: An Overview. Some faculty fulfilled multiple roles.

At the small liberal arts university, faculty roles included: NSNA advisor, teachers (current and past) of a beginning nursing course entitled: Introduction to Nursing, teacher of the nursing course entitled: Trends and Issues, and teacher of the nursing course entitled: Principles of Nursing Management. At this university, all nursing faculty
serve on the Nursing Curriculum Committee which determines the formal content students receive while enrolled in the nursing program. Again, some faculty served in multiple roles that met the criteria for this study.

Data Collection

In the data collection phase of qualitative research, data are presented strictly through thick description (versus interpretively) and in a comprehensive (versus selective) manner (Mariano, 1990). As the researcher, I not only collected the data, but was the "instrument" (Rew, Bechtel & Sapp, 1993, p. 300) through which the data were collected.

To track the data chronologically, a log was kept throughout the study. A log "records what we learn and our insights about how we learn it" (Ely et al., 1991, p. 69). Field notes were included in the log, as well as interview transcripts. In summary, the log is the data (Ely et al., 1991).

The log was updated as soon as possible following data collection so that "the essence of the encounter is not lost" (Mariano, 1993, p. 357). Throughout the study, I also made detailed notes in the log to track my decisions regarding data collection and procedures involved in data
analysis. Frequent referrals back to the log allowed me to determine how best to proceed.

Data were collected through indepth interviewing (the primary technique), observation, and document mining. All three of these techniques have relevance to this study and are described next in detail.

Interviewing helps gather specific information, described as "what is in and on someone else's mind" (Merriam, 1988, p. 72). In this study, the technique facilitated gathering respondent perspectives that could not be achieved as well through any other research method. I was interested in "how" and "why" types of questions, asked to elicit complex responses about feelings and perceptions—specifically about the relationship between student experiences within the NSMA and the construct of professional socialization.

The format of the interviews was semi-structured, meaning fairly open-ended, yet guided by a list of questions that elicited certain information from all respondents (Merriam, 1988). Through a somewhat loose format, I could be responsive to what was happening in the interview, allowing the respondent's perspective to unfold as he/she viewed it, not as I viewed it (Marshall & Rossman, 1989).
In this study, initial interview questions were developed from the research objectives and questions; my personal knowledge and experiences as a faculty member in the nursing discipline; and my personal experiences and knowledge gained from my role as past NSNA advisor at the local college chapter level. Document mining conducted on the two designated nursing programs also triggered several interview questions.

I conducted focus group interviews with the nurse educators and individual interviews with the nursing students. A description of the focus group interviews is presented first, followed by a description of rationale and procedures for the individual interviews.

**Focus group interviews**

Focus groups, conducted with a group of respondents, meet once to discuss research questions (Whitt, 1991). These groups serve to promote group member interaction and illicit differing opinions and impressions on the phenomena under study (Whitt & Kuh, 1991). Participant experiences and perspectives, sometimes called the "what" and the "why" of their thinking, are important in order to document understanding of the studied topic (Morgan, 1988). To facilitate expression of participant perspectives, the
researcher serves as group moderator (Morgan, 1988).

Two focus groups were utilized in this study—a group of nursing faculty at the small private university (under 2000 undergraduate and graduate students), and a group of nursing faculty at the large university (over 25,000 students, including undergraduates and graduate students). At each site, the focus group consisted of four faculty which is the smallest size recommended for a focus group (Morgan, 1988). Small groups are preferred over larger groups (i.e., 10 to 12 participants) because small groups facilitate greater contribution from each group member and allow the researcher to clearly document each participant’s views on the topic (Morgan, 1988).

Private rooms, arranged in a U seating pattern, were procured for the two respective group interviews. The room arrangement allowed the group members to interact easily with each other.

Faculty in varying roles (for example, the NSNA advisor, classroom educators, or nursing curriculum members) were included in both focus groups. By including faculty in various capacities, differing opinions and impressions could be maximized and the phenomena could be more comprehensively studied. Focus groups are most effective if group members
can "actively and easily discuss the topic of interest" (Morgan, 1988, p. 23). In this study, NSNA advisors, those faculty currently involved in nursing curriculum formation, and faculty teaching courses that address the professional socialization construct, were assumed to meet the criteria for an effective focus group.

Acting as group moderator, I used a question guide and the group dynamics were somewhat controlled. For example, the need to clarify and focus the discussion arose, thus illustrating the need for some involvement by the moderator. However, at the beginning of each focus group session, each faculty member was also encouraged to raise his/her own viewpoints—deviation from the question guide was deemed appropriate and encouraged as participants expressed the meaning of the NSNA for nursing faculty and nursing curriculums.

The large university faculty focus group met for seventy-five minutes and the small private faculty university group met for one hour. One faculty member from the small private university joined the group very late in its session. Later, she discussed the missed questions in a one-on-one conversation with me. The faculty focus group interview schedule, along with rationale for each question,
Faculty focus group interview questions

Most of these questions are general and open-ended. Questions 1 through 13 were developed from the research purposes and objectives. As the focus groups were conducted, questions were added to clarify information or obtain additional information.

1. What is your role within the nursing program?
   Rationale: This broad-based question provided clarity in terms of faculty perceptions of their role within the nursing program. It was used to open the interview and serve as an introduction to the session.

2. How does the faculty decide which values and cultural aspects of the nursing profession are important for students to learn? Which professional values are important in your program?
   Rationale: The faculty determine the curriculum. The question focused on process of determination and then delineated the values emphasized in the respective nursing programs. I was asking general questions about the values of the nursing profession but not specifically as related to the NSNA.

3. How do you teach and instill professional values in
nursing students?

Rationale: This was a follow up to question 2. Question 2 asked about which values and question 3 asked about the processes or the ways professional values were taught and instilled into students.

4. What clinical practice arenas, if any, are used to instill professional values in nursing students?

Rationale: If the group did not address this in question 3, it was followed with question 4 in an effort to determine where students practice professional values outside the formal classroom.

5. React to this statement: Values education in nursing is not systematically planned in curriculums and tends to be taught informally (paraphrased from Elfrink & Lutz, 1991). Is this true in your program? Why or why not?

Rationale: I included a quote from a noted nurse author to give the discussion direction. This statement was a way to validate or disaffirm the informal nature of teaching values in the two designated nursing programs.

6. Why do you perceive a local chapter of the NSNA exists in this nursing program?

Rationale: This question was general and asked to
elicit faculty perception of the relationship between the student association and the nursing program. I anticipated some information related to the hidden curriculum might emerge from this question.

7. What is the purpose of the NSNA?
   Rationale: This was a follow-up question to number 6. Questions 6 and 7 were open ended so that information could emerge that the interviewer had not anticipated.

8. What, if anything, does the formal nursing curriculum have to do with the NSNA?
   Rationale: If the group did not address this in number 6 or 7, this question served to focus the question on the relationship between curriculum and the experiences within the NSNA.

9. How should the nursing curriculum relate to the NSNA, or should it?
   Rationale: This question is distinguished from number 8 in the sense that it differentiates reality from the ideal. It was anticipated the faculty perceptions on real and ideal might differ.

10. What do you perceive motivates students to become actively involved in the NSNA?
    Rationale: This question determined faculty perceptions
of student motivation for involvement in the NSNA. A similar question was asked of the individual student respondents.

11. How does the NSNA relate to the greater profession of nursing, or does it?
   Rationale: This question was asked to discover if faculty attach value to the NSNA as it relates to the nursing profession.

12. How can you accurately determine how or what students learn within the NSNA?
   Rationale: The purpose of this question was two-fold: to determine perceptions of student learning in the NSNA and perceptions of ways to measure learning.

Questions 6-11 were general, broad questions about perceptions of the NSNA. I did not ask specific questions about professional values at that point because I did not want to lead the group.

13. What else do you want to tell me?
   Rationale: This was an open-ended question that allowed the respondents to bring up any other information relevant to the topic. This allowed us to discuss anything that the student felt was omitted.

Individual student interviews
Six upperclass nursing students, three from each nursing program, were individually interviewed on two separate occasions. Individual interviewing facilitated an indepth discussion between each respondent myself as the interviewer. The interviews ranged in length from thirty minutes to seventy-five minutes.

Each student was formally interviewed twice in order to understand student experiences within the NSNA and the relationship of these experiences to professional socialization. All students were asked the same initial questions. Then, depending upon responses to the first set of questions, the second set of interview questions was individualized (although a few questions were consistently asked with all six students) for each student. Following is the initial student interview schedule, including rationale for each question.

**Student interview questions**

These were general, open-ended questions. Questions 1-17 were developed from the research purposes and questions. Fundamental to qualitative research is that the respondent’s view on the phenomena “should unfold as the participant views it, not as the researcher views it” (Marshall & Rossman, 1989, p. 82). Therefore, as the
interviews were conducted, questions were added to clarify information or obtain additional information. Respondents also reacted to comments from other key respondents in order to contribute to the credibility of the study.

1. Why did you decide to become active in the NSNA and hold an officer/committee chair position?
   
   Rationale: This was a general query used to elicit information about the student's history in the nursing organization. It was designed to open the discussion and allow the respondent to discuss his/her rationale for involvement without leading him/her in any way.

2. What are your perceptions as to why the NSNA exists as a local chapter on your campus?
   
   Rationale: Again, this was an open-ended question. I did not want him/her to recite the bylaws of the organization, I wanted real perceptions as to the purpose of the organization.

3. Who, or what, influenced you to become involved in the NSNA?
   
   Rationale: This was a question about motivation and the influences on involvement. Since the students voluntarily choose the extent of their involvement in NSNA, experiences within the association may be
filtered by the nature of the influences for involvement.

4. Tell me about your personal experiences within the NSNA. What did you expect and why?
   Rationale: This was a broadly focused statement to which the student could react. The meaning of the NSNA was explored without leading the respondent.

5. What have you learned about the nursing profession through your experiences in the NSNA, or have you learned anything?
   Rationale: This question focused on establishing the student’s perceived connection between the profession of nursing and the student organization. I anticipated some of the nursing culture’s values would emerge here.

6. How have you learned about the profession of nursing through your experiences in the NSNA, or have you?
   Rationale: Question 5 was a content question; this was a process question. The student had to articulate the characteristics of the NSNA that helped him/her learn about the nursing profession. The broad nature of questions 5 and 6 allowed information to emerge that the interviewer had not fully anticipated.

7. What does the nursing faculty do to relate to the NSNA,
or does it?

Rationale: The question was broadly based in that it did not assume faculty relate to the NSNA. It explored the students' perceptions of the faculty/NSNA relationship and allowed them to draw conclusions as to the nature of the connection between the two.

8. How supportive are nursing faculty of your activities within the NSNA?

Rationale: This was an indirect way to acquire information as to the value the faculty place on the NSNA.

9. What is it like to be a nursing student at this college/university?

Rationale: Because there are two different nursing program sites, this question helped document the context of the NSNA experiences within the framework of the college or university setting.

10. What are the rewards, deterrents to active participation in the NSNA?

Rationale: This question assumed there are pros and cons for active participation in the NSNA. It was useful to help establish the positive and negative meanings of the NSNA.
11. How do you think participation in the NSNA is connected to your nursing curriculum at your school?

   Rationale: Again, this broadly focused question asked the students for the perception of reality at their particular nursing program.

12. How do you think participation in the NSNA should be connected to your nursing curriculum?

   Rationale: Question 11 and 12 go together, but the focus was different. In question 12, the student had the opportunity to express thoughts regarding the potential ways the curriculum could be attached to the NSNA.

13. What professional values, if any, did you learn in the NSNA?

   Rationale: Some student responses to earlier questions might have already encompassed this particular question. This was asked to have the respondent focus exclusively on values.

14. How did you learn these values?

   Rationale: Once again this was a process question.

15. How will you implement the values you have learned within the NSNA as a student and as a graduate RN?
Rationale: This question was asked to differentiate between students learning values and actually internalizing values. By asking them to reflect on implementation, thoughts and feelings about internalization might emerge.

16. How do you see participation in the NSNA related to your future role as a practicing nurse?

Rationale: As the interview drew to a conclusion, this question was broadly focused and attempted to get perceptions about the future of the students as related to NSNA experiences.

17. What else do you want to tell me?

Rationale: This was an open-ended question that allowed the respondent to bring up any other information relevant to the topic. This allowed us to discuss anything that the student felt was omitted.

Each interview was audiotaped so that all information could be documented and repeatedly studied during analysis, then verbatim transcripts of each interview were completed. During and following each interview, I recorded notes reflecting on additional interview questions that might be appropriate and concerns that arose during the interview.

After reviewing these notes and interview transcripts,
I used this information to complete interview summary forms (see Appendix A). The interview summary form organized information so that reactions to the interview, themes and questions could be identified; questions for subsequent interviews were developed from this information.

The second interview questions were more individualized, depending on response to the initial set of interview questions and the site of the study. For example, students were asked to clarify or expand upon certain parts of the initial interview. Document mining at the individual sites also triggered second interview questions that differed according to local NSNA bylaws or nursing curriculums. A few questions were asked of all six students at the second interview and they are listed, along with rationale, as follows:

1. What do you see as the pros and cons of incorporating the student organization more formally into the curriculum? For example, students active in the NSNA could use their experiences to receive partial credit in the nursing course.

   Rationale: Most of the students were unable to articulate perceptions of how the curriculum could or should relate to the NSNA. By giving them examples of possible relationships, I hoped to trigger reactions.
2. How would this formal type of curriculum help students learn about the nursing profession, or would it?

Rationale: This was a follow up question to number one in which I wished to explore perceptions about the processes of learning.

3. I would like to read you an editorial by E. Lewis in Nursing Outlook (1979, p. 323). I’d like you to react to it based upon your experiences within the nursing profession so far.

Nonmembership in the professional organization I believe, is only one symptom of a deeper malaise: a pervasive lack of what I will call a professional identity. Many nurses are committed to nursing, as they perceive it within the boundaries of their particular job. Most of them, I’m sure, carry out their individual nursing functions to the best of their abilities, wanting to do whatever they’re doing, better. But they are not committed to nursing as a self-determining, self-regulating profession and an important force in the health care field.

Rationale: This quote gave students the chance to react to an editorial about the lack of professional identity in practicing nurses. It was used to trigger their perceptions about how professional socialization relates to graduate nurses.

4. As a follow-up, How does the student association relate to this editorial, or does it?

Rationale: I was trying to discover if, and how,
experiences within the student association relate to development a professional identity.

In addition to interviewing, I recorded observations during each interview. What to observe is determined by the purpose of the study (Merriam, 1988). In this study, I observed non-verbal behavior that confirmed or failed to confirm what the respondents told me. If I sensed an incongruence between expression and what the respondents were saying, I asked for clarification.

Document mining was the last data collection technique used. Documents provide information that is "grounded in the contexts they represent" (Lincoln & Guba, 1985, p. 277) and may generate additional pertinent questions for interview or insights relevant to the research questions that help to inductively build categories of data for analysis (Merriam, 1988).

Several documents were collected from each of the two sites and reviewed for this study. These documents are listed below.

The Small Private University:

1992-1994 Academic Catalog
Student Nurse Association Bylaws
The Nursing Program
Information found within these documents was used to describe the context of the research and trigger questions for interviews. Document summary forms (Appendix B) were completed for each collected document.

Data Analysis

In this study, analysis of data occurred concurrently with data collection. Both served to "inform each other" (Ely et al., 1991, p. 177), making the two inevitably intertwined—thus, the design of this qualitative study was emergent. Data analysis entails "the process of bringing order, structure and meaning to the mass of collected data" (Marshall & Rossman, 1989, p. 112).

Data analysis was an inductive process. According to Lincoln and Guba (1985, p. 203) the inductive analysis arises "from specific, raw units of information to subsuming
categories of information in order to define local hypotheses or questions that can be followed up". Raw data, in this study, consisted of audiotaped interviews; transcripts of interviews; interview summaries; and field notes. Prior to beginning formal data analysis, all of the collected data were perused so that I could have a sense of the data as a whole. Then, inductive data analysis was completed through the constant comparative process which consisted of unitizing and categorizing data. A description of the process follows.

Unitization

Unitization reduces the data into manageable chunks or bits of data. Ultimately, the units serve as the basis for category definition (Lincoln & Guba, 1985). Lincoln & Guba (1985, p. 345) further defined a unit as having two characteristics:

"first, it should be heuristic, meaning aimed at some understanding of some action that the inquirer needs to have or to take, and second, it must be the smallest piece of information about something that can stand by itself."

In this study, a unit was defined as a single statement or message which is relevant to student NSNA experiences and professional socialization. To complete unitization, transcripts were first cut up into units and placed on colored index cards. Each card was coded into respondent
type (individual or group), interview number (first or second), interview site (small university or large university) so that, if necessary, data could be tracked later when categorizing occurred. The total number of units generated was 1455. Twelve interviews of the key respondents (nursing students) produced 1187 units and two faculty focus group interviews produced 268 units. A peer debriefer (further explained in this chapter under the trustworthiness section) with previous experience in qualitative methods read the cards and provided feedback on whether each unit met Lincoln and Guba’s (1985) characteristics.

Categorization

Categorization proceeded after all data was unitized; this process was used to group units together that related to the same content (convergent categories) and to create distinct categories that were fleshed out from each other (divergent categories) (Merriam, 1988). The process of categorization was completed through a method called constant comparison (Glaser & Strauss, 1967).

One unit of information was compared to the next and then determination was made whether the content was similar; if perceived to be similar it was placed in the same
category, if not, a new category was created. Each new card was compared to previous provisional categories to determine fit. If a unit did not fit, it was assigned to a new category. Once a substantial number of cards were accumulated into a category, descriptive statements were written that characterized the category. After all cards were compared, categories were examined for overlap, for missing categories, and for needed subdivision or subsuming under other categories (Lincoln & Guba, 1985). The first set of categorization (n=69) was descriptive, meaning it requires little interpretation, and can be found in Appendix C.

The goal of categorization is "development of conceptual categories that interpret the data for the reader" (Merriam, 1988, p. 133). Data analysis at this point moves to a more abstract level as data is transformed and themes emerge (Burns, 1989). Rules used to identify the categories and rules used to place data into categories are made explicit, for the categories illuminate the phenomena under study (Burns, 1989). The second, third and fourth sets of categories combined descriptive categories into pattern codes. Pattern codes "cluster chunks of data, they are more inferential and explanatory than the descriptive
categories, and they illustrate an emergent pattern discerned in events and relationships" (Miles & Huberman, 1994, p. 57). Themes emanate from the pattern codes. Definitions of the set four categories were developed to facilitate identification of themes. Lists of categories for set two (n=32), three (n=15), and four (n=9) are found in appendices D through F. Definitions of the set four categorization, in which the final themes are identified, are revealed in Appendix G.

A peer debriefer provided criticism on the way the data were categorized. She reviewed my initial categorization (set one) and informed me as to the completeness and representativeness of the categories. Based on her feedback, I then made revisions. These revisions included splitting data into additional categories and renaming categories to more accurately describe the data. After the categories were combined and made more explicit (category sets two, three and four in Appendices D through F), the peer debriefer again reviewed the categorization and provided feedback. The themes developed from the constant comparative process guided the rest of the study as I used thick, rich description to address the research purposes and questions and create a case study.
Trustworthiness

Trustworthiness is a term that denotes rigor in research. Within the naturalistic paradigm, trustworthiness is established by asking the following question, "How can an inquirer persuade his or her audiences that the findings of an inquiry are worth paying attention to, worth taking account of?" (Lincoln & Guba, 1985, p. 290). There are four criteria—credibility, dependability, confirmability and transferability—that, if met, establish trustworthiness. Description of each of these criteria, along with ways they were met in this study, are presented.

Credibility

In establishing credibility, the researcher must show that the multiple realities discovered and interpreted during the study are accurate portrayals; these constructed realities originated the multiple realities (Lincoln & Guba, 1985). To implement the credibility criterion, methods of inquiry must be appropriate and lead to credible findings; findings must also be confirmed by the respondents who constructed the multiple realities being studied.

Several techniques were used in this study to enhance credibility: prolonged engagement in the field, triangulation, peer debriefing, and member checks. Each of
these techniques and their relevance to this study are explained.

Prolonged engagement in the field, or spending enough time, facilitated, "learning the culture" of the field and establishing trust of respondents (Lincoln & Guba, 1985, p. 301). To accomplish prolonged engagement in the field, I conducted on-site interviews, with key respondents interviewed more than once.

The technique of triangulation is a way to check data from one source with data from another source. In this study triangulation was defined as 1) the use of different data collection vehicles, specifically interviews, documents and observations (i.e., I checked the information found in the course syllabi with information I heard from nurse educators) and 2) the use of multiple copies of one source, such as key respondents (i.e., all nursing students were asked questions about experiences in the NSNA and how those experiences related to professional socialization).

Another credibility technique is called peer debriefing. A peer of the researcher critiqued the study’s findings and made suggestions for improvement, making the investigator "as fully aware of her posture and process as possible" (Lincoln & Guba, 1985, p. 308). In this study, a
peer debriefer, a Ph.D. candidate experienced in qualitative research methods, studied my research design, data analysis processes and findings. This peer debriefer was also in the process of conducting her own qualitative doctoral dissertation at the time she critiqued this study. Based on her input, I altered some of the study’s methods and interpretation of findings.

To directly discover if my findings and interpretations were credible, I consulted with the respondents who constructed the multiple realities. This procedure is called member checking and was done throughout the study in three ways.

First, during and immediately following each interview, I clarified and summarized thoughts and feelings of the respondents. Second, I had respondents read their interview summaries to confirm the summary’s accuracy and/or point out inaccurate data. Students read their first interview summary at the time of the second interview and provided feedback verbally. None of the students wished to change the summaries or add any other information. The students were subsequently mailed copies of their second individual interview summaries and, through follow up phone calls, were asked to respond to the written summaries. Five
students were contacted directly; they affirmed the accuracy of the summaries. One student was not available by phone; a letter to this student requested she contact me if she discovered the summary to be inaccurate. She did not contact me.

Faculty were mailed copies of the interview summary for their particular focus group and were requested to correct inaccuracies and/or add pertinent information. They were asked to mail comments back to me. No summaries were returned so I assume the summaries were accurate and included encompassing information. Finally, a draft of the results was mailed to all respondents; students and faculty were asked to review the results and return corrections and/or additions to me. None were returned so I surmised the results were accurate and inclusive.

**Dependability and confirmability**

Dependability refers to consistency in methodological decisions over time throughout the study; confirmability allows data to be confirmed by someone other than the researcher. Both of these criteria (dependability and confirmability) were accomplished through use of an audit trail, defined as "a residue of records stemming from the inquiry" (Lincoln & Guba, 1985, p. 319).
In this study, I developed an audit trail consisting of: 1) the raw data, which included tapes, transcripts, interview notes, and documents; 2) the processes and products of data analysis, which incorporated the log, interview summary documents, unit cards, field notes and notes on peer debriefing sessions; and 3) data synthesis, including descriptions of categorizations of data into themes and the final descriptive report. The audit trail allows others to easily view the processes and products of the study.

Transferability

Thick, rich description in the final report of findings creates a foundation for assessing transferability—that is, whether or not the research is useful in another situation (Lincoln & Guba, 1985). I used the broadest range of information possible in order to provide thick, rich description (i.e., students and faculty at two sites, faculty focus groups, multiple students) and included the setting or context of the study, along with explicit information in the written synthesis so that the reader can determine transferability.
Ethical Considerations and Reciprocity

Trustworthiness and ethical considerations are intertwined, for as Ely et al. (1991, p. 93) emphasized, "the process of establishing trustworthiness is grounded in ethical principles about how data are collected and analyzed". Qualitative research, by its very nature, has less anonymity than quantitative research. Therefore, throughout data collection, data analysis, and dissemination of findings, ethical implications were considered.

Prior to data collection, the research was approved by the Iowa State University Human Subjects Committee. The data collection phase of the study then commenced with respondents reading and signing consent forms (see Appendix H and Appendix I). These documents stated the purpose of the research, explained uses of the interview information, assured confidentiality, and allowed the respondent to withdraw from the study for any reason. Thus, the respondents were aware of the nature of participation and how findings were to be used prior to the start of data collection.

Analysis of data had its own ethical considerations. The researcher was the key instrument for data collection, and in this study data were filtered through my own lens.
Merriam (1988) cautioned that opportunities exist for exclusion of data that is in conflict with the researcher’s positions. To prevent this bias from happening, I included enough description to let readers draw their own conclusions. Also, I utilized a peer debriefer who analyzed the study for researcher bias and inconsistent conclusions drawn from the data.

When findings were disseminated, the real names of respondents were not associated with their words. In addition, respondents were given the opportunity to view a draft of the final report prior to dissemination so that they could see for themselves if anonymity was preserved.

Naturalistic inquiry demands that "respondents cannot be treated as objects but must be accepted as viable partners at every step in the inquiry" (Lincoln & Guba, 1989, p. 231). As people give of their time and adjust their priorities to become partners with the researcher, the researcher must reciprocate and devise ways to give time, feedback and attention to the respondents (Marshall & Rossman, 1989). I planned time for socialization prior to the start of the interviews and provided plenty of time for respondent feedback before, during and after each interview (respondents also reviewed interview summaries). Each
faculty participant was sent a letter thanking her for giving her time and effort to the study. Following the second set of interviews, student respondents were also sent thank you letters and a small gift in appreciation for their time and effort.

I anticipated the respondents, through introspection and interaction with me, learned and evolved intellectually and psychosocially from their participation in the study. Indeed, during the interviews, several participants noted that they thought about things that they had never considered before. In a follow up phone call to one student, she asked for my help in securing research that would support tying the NSNA more formally to the nursing curriculum. She and her fellow officers were planning to approach the nursing curriculum committee about this topic. She was interested in the draft of the findings of this study as support for curriculum change.

Reporting the Data

The following chapter constructs the realities of respondents through thick, rich detail as they reflect on their thoughts and experiences. I provide conclusions based on respondent constructions. A description of the context of the study is included.
CHAPTER FOUR

RESULTS

Introduction

Nine broad categories of data emerged following analysis of interview information. One of these categories details this study’s context which includes respondent backgrounds, history of the local NSNA chapters, and life within the university and nursing programs. The context gives the reader background information, which is useful when interpreting data from the other eight categories of data, designated themes. A theme is defined as "an overarching concept or theoretical formulation that has emerged from data analysis" (Merriam, 1990, p. 190).

The eight themes are: 1) benefits of NSNA, 2) evolution of NSNA involvement, 3) conceptualizing NSNA, 4) NSNA experiences woven into other life experiences, 5) role relationships and activities within NSNA, 6) learning/internalizing within NSNA, 7) values in nursing, and 8) perceptions of NSNA and its ties to the nursing curriculum. All of the themes cut across data sets (i.e., students and faculty at two different sites), although the substance of each theme and the amount of emphasis varied somewhat by respondent type.
The context of the study is presented first, then each theme is presented and discussed across the data sets. Verbatim statements of respondents are included to exemplify and amplify each theme. From these statements, you will discover students and faculty who are articulate, witty and insightful, with much to share. Confidentiality is protected by removing respondent real names from the report. A summary of results follows discussion of each theme.

Context

The context for this study includes five categories of data: 1) nursing student background, 2) nursing faculty background, 3) history of NSNA: local chapter, 4) life on the university campus, and 5) life within the nursing program. These categories provide the backdrop for interpretations of the other eight themes. I give you some personal and educational background about the students and faculty first, then some history about NSNA and life on campus and within the nursing program. Each category is presented and discussed separately.

Nursing student background

Sara is a non-traditional senior student, one of the oldest students in her class at the small mid-western university where she transferred as a sophomore. She has
completed terms as both the state chapter (NSNA) treasurer and president.

I am older so my views might be a little bit different than the younger student.

Allison is a traditional twenty-two year old senior who enrolled in the small university as a first year student. Currently, she is the president of her local NSNA chapter. She chose a private school because she grew up in the same geographic area and was familiar with the school; also, her parents helped her financially. Allison and her classmate Kate (discussed next) are the only two left in the senior class that started as freshmen.

Most of the other students were transfer students, they did not pass a class and are a year behind, or they left the program altogether.

Kate, like Allison, also entered the university as a first year student and is now a senior in the nursing program. She will be graduating this spring and has spent most of her senior year doing clinical. She is the local NSNA chapter vice-president.

Meg transferred to the large university from a junior college three years ago and is now a first semester senior at the large university. She is currently the vice-president of the local NSNA chapter. Mike and Abby are also
first semester seniors at the large university and are classmates of Meg's. Mike is the treasurer and Abby is the president of the local NSNA chapter. Abby lives in another town and commutes to campus daily. Mike lives off campus but in the university community.

Nursing faculty background

A brief overview of the four faculty at each university site and their individual roles in the nursing program are included. These faculty are not identified by name.

At the small university, faculty serve in the following roles related to this study: chairperson of the division of nursing, advisor to the local chapter NSNA, teacher of Introduction to Nursing to undergraduate students, curriculum committee member, teacher of Principles of Nursing Management, teacher of Trends and Issues, and vice-chairperson of the Division of Nursing.

The large university faculty roles include: chairperson of the academic council (a group that examines the curriculum for the undergraduate and graduate nursing programs), advisor to local chapter NSNA, teacher of the first professional nursing course, and advisor to the state chapter NSNA.
History of NSNA: local chapter

At the large university the local chapter of nursing students has been recently re-affiliated with NSNA only the past three years. Faculty explain:

An organization (for nursing students) has to exist. The university pretty much mandates it because then we have a say across the river (in university governance). The nursing student organization was associated with the NSNA for a while, but it had dropped that association. In the last three years we have become reassociated with NSNA. By virtue of being a student in this building (nursing) you are no longer guaranteed that you are part of this group (NSNA).

You must prove that you are a member of NSNA. I think it is going really well. The transition (from local club to NSNA) was done very well.

The students echo the faculty statements:

Meg: Before (becoming reassociated with NSNA) you were an automatic member of the local chapter. So if you were in the College of Nursing you were an automatic member. I don't even know if they had meetings or not.

Abby: We had this thing (local nursing student chapter). It was allocated money from the university and they (nursing students) spent it on their graduation. I don't think they had active student leaders and I don't really know what they did for sure.

The small university has a similar history to the large university. A local chapter of nursing students previously existed but it was not affiliated with NSNA. Faculty recall:
Due to something at the national level, they (students and faculty) decided to just make it a college organization.

The student nurses’ club became reaffiliated with the NSNA after the current division head arrived. It has become much more active.

Life on the university campus

Perceptions about life on the small versus the large university campuses vary rather dramatically. Indeed, nursing students at the large university feel isolated and overwhelmed by the size of the campus.

Mike: I guess students in general--some don’t even know there is a nursing college. All of your classes (nursing) are in one building so for example, when you walk across the campus for some reason, you feel for first time in a long time you are actually in college.

Abby: Going to school here is very intimidating. You don’t really know if you want to ask a question that is dumb.

Meg: I felt lost at this big university.

In contrast to students at the large university, nursing students at the small university perceive their campus as friendly and intimate.

Kate: I lived in the dorms the first three years here, so of course I knew everyone that lived on campus. Very personable. You get a lot of one on one attention.

Allison: I always think back to my freshman year when I worked in public relations. That first semester they would ask you to deliver a newsletter to a certain office and you really
didn’t know where the office was, but, oh what the heck I went anyway, it was an adventure. Everyone says hi to you on campus even if they don’t know you. It is a very friendly campus.

Sara: We have smaller classes—it is real personable.

Allison: Here, if you go up to your teacher and say I have a problem, they know you well enough that they can find a way to help that is very individual.

Life within the nursing program

Students at the large university are more expressive about their experiences within the nursing program than the students at the small university. Perhaps this is related to the sense of isolation they experience from the rest of the campus; in contrast, students at the small university state they easily connected to other campus areas. In the words of the students at the large university,

Mike: Everything in nursing, especially being in the organization (NSNA), revolves around this building (College of Nursing).

Abby: Once I got into the College of Nursing, I really kind of made this my home because we have almost all of our classes here.

Meg: Once you get in this college, you don’t need to go any place else so I feel kind of out of touch. We really don’t have much interaction with the rest of the campus. I was very happy to get in this college because you see the same faces. The College of Nursing was nice because it was smaller (than the rest of campus).
Although they feel isolated, students at the large university still feel very positive about the education they received thus far in the nursing program.

Abby: The knowledge they (faculty) impart on us is just really wonderful—to be a part of research and things that are moving and shaking the world. Being a nursing student here has been a really wonderful experience.

Meg: In our classes people are here because they like nursing and they want to learn. It is nice to be in the College of Nursing where you go in, get it done, and get out of here. I think we get spoiled here.

Only one of the small university students speaks specifically about the nursing program. She feels more nursing faculty would have been beneficial.

Sara: I would like to have more teachers. We just have eight and these are the same teachers you are going to have throughout—not everybody is going to get along.

Summary

Key respondents' perceptions of the small and large university atmosphere vary significantly; however, the histories of the local chapter NSNA are remarkably similar. Both chapters were recently re-established as affiliate NSNA local chapters. All students are seniors in the nursing program and NSNA officers. Personal backgrounds differ in the following ways: some are transfer students from other institutions while others attended their institution all
Benefits of NSNA

The theme of benefits of NSNA includes seven categories of data: 1) enjoyment of the officer role, 2) enjoyment of NSNA as an organization, 3) involvement effect of resume/employment/scholarship, 4) NSNA helping other students, 5) networking, 6) role modeling, and 7) reward of accomplishment/acknowledgement. Nursing students were specifically asked about the rewards and deterrents of active participation in NSNA. Some of their responses to this question became coded into categories that composed this theme. Other responses were spontaneously evoked throughout the two student interviews. Faculty were not directly asked about perceived rewards/deterrents to NSNA participation. Their contributing statements to this theme arose from broadly focused questions about the NSNA.

Enjoyment of officer role

All six of the students in this study hold officer positions in NSNA. Although several experienced stresses during their tenure as officers, they agree that the experience of being an officer is rewarding.

Allison: I really did not know what I was getting myself into, but it (president role)
has been a real good learning experience. I value this experience as president even though I was thrown into it. You know, trial by fire.

Abby: I have to tell you that I am at a really frustrating point in my term (as president). I am just getting to the point where I have had a wonderful time but I am getting really tired of it. I am tired of figuring out how to get people to come to meetings, I am tired of figuring out how to get my officers to do what they are supposed to do. But I have also enjoyed it very much and I wouldn't trade it for the world. It has done a lot for me and my personality is maybe more outgoing. I have grown a lot in this position and I would encourage anyone who had a remote feeling that they may want to do this to try it.

Mike: I have come to the point where I am glad I did it (treasurer) for whatever reason, it doesn't matter.

Sara: I have had a lot of rewards in that position (state president of NSNA) and I think other students need to be involved.

Meg: Sometimes it (vice-president role) is a headache, but it has been a good experience.

**Enjoyment of NSNA as an organization**

In addition to enjoyment of the officer role, the students also enjoy NSNA as an organization—a place to have fun.

Kate: This year we have our meetings, but we are trying to have a little more fun. You know it can be very stressful as a student and you need to have some fun. We are planning a bowling trip to get away from school. As NSNA has gotten more organized, we are starting to do some fun
things.

Mike: I enjoy what I am doing, I enjoy being part of the organization and getting together and brainstorming through things. After graduation, I will have to get involved in some type of organization, I like it too much.

Sara: I think there are a lot of NSNA benefits that should be presented to the students in a fun time. There should always be fun.

Involvement effect on resume/employment/scholarship

Key respondents cite career advancement many times as a benefit of NSNA. Several respondents mention the appearance of NSNA on the resume as a contributing factor in their initial decision to join NSNA.

Sara: I really feel that somewhere down the line my career is going to be advanced because of my involvement (in NSNA). I am not involved just because it looks good on the resume, although it does. I do it because it is a personal endeavor of my own.

Allison: If you say, 'I am an officer' (in NSNA), sometimes employers are interested because they know you have that commitment that does not deter you from your school work, that you can still be successful and have this other responsibility (NSNA officer) that might make you more likely to be employed. It also looks good on your resume.

Kate: The faculty like it (NSNA active involvement). It can only help when it comes time for them to write letters of reference.

Meg: Everybody keeps pushing that NSNA
involvement looks good on the resume.

Abby: When seniors come to their last semester they are thinking, ‘Oh, this (NSNA membership) does look good on my resume, maybe I should have done something with it’.

Mike: I feel now the original reason I got into the officer role for the resume building thing doesn’t matter any more. I don’t even think about that really.

Faculty also identify the rewards of NSNA involvement on career development.

An occasional student sees holding office as a way to get something on the resume quite frankly. That is how they start and they get developed.

I tell students that there are some leadership scholarships—students who get involved (in NSNA) have a better chance. We also talk about the fact that when you go out to work, the people look for areas of involvement.

NSNA helping other students

Key respondents describe services to other nursing students as a benefit to the NSNA. Interestingly, faculty fail to mention services to nursing students as an NSNA benefit.

Kate: We (the NSNA board) let the general membership know that we want to be there for them and help them in any way we can. We have done a lot more for the students—journals for the library and livening up the meetings. Also we have a newsletter that goes out once a month. It lets the
students know what is going on—a way to communicate to the other students.

Mike: This last summer we helped out a couple of students with some funds. We give away uniforms free to students—students who are leaving give us their uniforms—so that they don’t have to spend an outrageous amount of money. Also, if students are looking for information such as CPR certification, we give them referrals. At the end of this semester we are going to start our own CPR recertification for free. The student won’t have to pay anything.

Networking

Networking is identified by both faculty and key respondents as a benefit of NSNA. This networking process is perceived to connect students at both the local and the national level. According to the faculty,

A value of NSNA membership is that you build some networks and you have experiences of meeting students or colleagues from maybe across the country, but certainly across the state, that you might not ever have met and find out what is going on there.

We are trying to get students to look beyond the walls here to see what other students are doing. Using computers and Internet is a way the student organization (NSNA) can link with some of those other students at a state or national level.

Key respondents are equally positive about NSNA networking.

Allison: I think my freshman year we weren’t really into nursing and were not interacting with the upper classmen. I used it (NSNA) as a moat to get to know people. You make a lot of contacts.
Sara: I made friends (through NSNA) from Alaska, Hawaii, and British Columbia. I made a bunch of friends and we would talk and they have different cultures. I know a lot of people in Texas. They said, ‘See you in TNA (Texas Nurses Association) or ANA (American Nurses Association).’

Meg: I have met a lot of people I can use if I have questions from now on. They would be there to answer and are more than happy to give us any help we need.

Role modeling

Role modeling is mentioned more frequently by faculty than by nursing students as an NSNA benefit. Faculty view their own role modeling as a benefit, while the student identifies another nursing student as a role model.

In NSNA, students learn by role modeling, some good, some not so good, depending on when they catch advisors and what we are doing.

Faculty role model for students in the sense that they are involved in your professional organizations.

Sara: The person that was over you (officer in NSNA) that went through the office for a whole year was your best influence for learning and getting a feel for what you are going to do.

Reward of Accomplishment/Acknowledgement

Faculty and students alike clearly express feelings about achievements in NSNA. Of all the categories in this theme, respondents are the most emotional, as exhibited through the selection of their words.
Sara: I don’t think my instructors really realized the rewards that I have actually had from NSNA. I just cry about it. I try to tell students that ‘NSNA is out there--it is available to you. Look at me, I have got it.’ There are people who follow through. I went over there (to another nursing program) and worked with students from scratch, formed a local NSNA. They were hot and motivated and excited--they rented a bus to go to the first convention. At convention, they were all ‘Hi Sara’. I think that makes a personal reward inside.

Meg: The reward for NSNA participation is just knowing that after we get finished with a big event it is going to be this big accomplishment and we are going to be thrilled and happy and it is going to be a big reward.

Kate: I think since I am involved in planning the meetings or the fun activities it seems more worthwhile now and our organization has definitely grown the four years I have been here.

As faculty express,

I think students really like the acknowledgement, too. Even the faculty advisors--we are a little less intimidating than, say the Dean, but students like the acknowledgement (about NSNA involvement). At the state level, students being able to meet with a keynote speaker who is internationally known--they like that acknowledgement. Students see this as an opportunity and they really put out a lot for that. It is worth it. They see these people in their textbooks come alive.

Students have found out what it is like to have a classmate run for a national office and how much work it is and how much glory there is even if you lose.

It is nice to see NSNA students get excited
over a couple of the fundraisers that they do. They have a good time and they get pretty good campus wide participation.

**Summary**

Respondents have many positive perceptions about the rewards nursing students obtain from the NSNA. Also, students easily identify multiple and diverse benefits obtained from the NSNA. Key respondents give detailed, emotion-laden examples of the rewards they have received in NSNA.

**Evolution of NSNA Involvement**

This theme, evolution of NSNA involvement, has the largest number of categories in the study (n=16). The theme includes descriptions and interpretations of the types of NSNA involvement, along with assessments of how involvement is encouraged or deterred. Following are the sixteen categories: 1) expectations of NSNA, 2) first exposure to NSNA, 3) motivations/influences on involvement, 4) early involvement effects, 5) officer over involvement, 6) small group of actively involved students, 7) uninvolved students, 8) moderate involvement, 9) increasing levels of involvement, 10) how to get more people involved, 11) NSNA convention experiences, 12) class leaders, 13) time as a deterrent to NSNA involvement, 14) time not a problem.
related to involvement, 15) faculty who do not value NSNA involvement, and 16) feelings about mandatory NSNA membership.

Expectations of NSNA

Expectations of NSNA varied.

Mike: I did not know what to expect because I had never really been in any organization of this sort. I came in with an open mind.

Allison: It was different from what I expected, but yet it wasn't. It was a separate entity from the school, yet it also went right along with the school.

Sara: NSNA was probably more than what I expected it to be. I knew it was professional and important, but I did not realize all that it did. There is a lot to it, a lot to it.

Abby: At first I thought it (NSNA) was—we have a get together here, we have a pizza party there, we invite a speaker—I did not think it was much more than that.

First exposure to NSNA

For some of the key respondents, their first exposure to NSNA brought negative reactions. These reactions range from expressions of boredom and apathy, to feelings that the organization had nothing to offer.

Allison: I was a member my freshman year. I started coming to the meetings just out of curiosity to see what was happening. I think I had the typical freshman attitude that I run into every year with freshmen—
'I won't do it, the upperclassmen will do it'.

Kate: When I first started, to me the meetings seemed kind of boring and you just sat there for an hour and they talked about fundraisers and things.

Abby: When I was first told about the organization I was in 090—everyone who goes through nursing school has to go through this class. You are not even in the college (of nursing) yet and I thought 'What an organization, I am not going to do that.'

Mike: During the time I was in 090, I went to some meetings just to go. It wasn’t anything real serious. I look back now and think—they were a little disorganized because the national chapter was just forming at the time.

The other two students are positive about NSNA, starting with their first exposure to the organization.

Sara: I transferred to the nursing program my sophomore year. We were presented with the membership for NSNA and I met some of the girls that were part of the association. I just thought it (NSNA) was a professional look that I admired actually.

Meg: I got involved in NSNA the first semester in the nursing program. The local chapter president came to the pre-nursing course and was excited and told us a lot about the different things going on in the organization.

Motivations/influences on involvement

Faculty and students alike have multiple perceptions about what influences students to become involved in NSNA.
Experiences and role modeling prior to enrollment in the nursing program are frequently cited as influences on NSNA involvement.

Faculty give their perceptions.

It would be interesting to look at people who are involved in NSNA and see what they did in high school. People I know of—these are people who were active in high school. They did stuff in sports, the honor societies—well rounded.

People who really do value extra experiences are motivated to be involved in NSNA. I think there is a factor that may relate to what happened in their own families and their own parents. If they (students) have parents who are involved or parents who say involvement is important. I think it starts way before they get to nursing.

One faculty discusses her thoughts about nursing students who are involved in campus-wide organizations and the effect on involvement in NSNA.

Our students on the whole are more involved campus wide and I think that brings some potentially active people from NSNA because they are committed time-wise to other things.

Students in this study exemplify many of the faculty perceptions.

Abby: I had been active in high school and I went to a small college and I was active there in a couple of different activities; when I got to the university I thought, ‘This is so huge. No one knows my name, no one knows anything about me. I don’t know how to get into anything.’ So when I got
to the College of Nursing it was really nice that people had an organization where we actually knew each other’s names.

Meg: I came from a really tiny high school, so for us to have any kind of activities, everybody did everything. You were in everything and it was kind of a shock to go from having all you time filled to come to college and totally lose all the social activity and be down to just books. My history of involvement (in activities) made the biggest impact (on involvement in NSNA).

Kate: I came from a small high school and I was involved in everything I could be involved in there, so the biggest reason I ran for office was to get involved and participate.

Allison: In high school I was in FFA so I had previous group involvement.

Abby: My mom and dad also influenced my involvement. They have always stressed being independent and I think they are the ones who promoted the leadership skills in me.

The key respondents consider faculty to be motivators for student NSNA involvement.

Kate: I think by faculty encouraging us to be involved it made me want to get involved. The faculty in our classes are always saying, ‘There is a meeting and there is a speaker’—so they are always reminding you of meetings and pushing you to get involved and go to the meetings. When I came to visit this school, the program head really suggested I get involved in the organization.

Sara: The instructors here emphasize it (NSNA) really well.
Meg: I would say the faculty advisors were probably the main people who influenced me to get involved.

Other nursing students already involved in NSNA are also felt to be influences on key respondent participation.

In the words of the faculty,

I think the fact that they see other ordinary students and see what they do motivates them. I think talking to those students (who hold office) and having some of them say how scared they were in the beginning, but how they were able to get more poise, is a motivation for them (to become involved).

Meg cites other nursing students as influences on involvement.

Meg: The previous local chapter president influenced me and then when we went to our first state convention there were two others in my class that influenced my involvement.

Mike, however, feels other people were not an influence on his involvement.

Mike: Other people did not influence me at all. I just kind of got involved on a spur of the moment kind of thing. I just felt I would like to do that (treasurer) and felt I would be good at it.

The desire to utilize leadership skills and correct problems within the organization is cited by several students as an motivation for NSNA involvement, especially when deciding to run for an elected office.
Allison: The event that triggered my involvement was really observing that leadership is lacking and I wanted to do something to change it. The year before, leadership was not very strong when I was class representative. It really came across that they weren’t setting a very good leadership role by committing to some things and not following through.

Meg: I decided to become involved as an officer because I went to last year’s major event and just a lot of things were coming to my mind—improvements here, improvements there—different people were not happy, thought it was boring. The event was getting a bad rap. So I decided to run for vice-president.

Abby: There were certain things in NSNA that I did not like how they were done. I felt in order to get this changed, I had to be at the helm. That is probably why I ran for presidents.

Faculty express perceptions that a certain type of student is more likely to be involved in NSNA.

A lot of time students who are already committed take on these roles (in NSNA) because they view them as important and a lot of times with the non-traditional students they know exactly how much energy they can expend and they know they are going to get stuff back from this. They typically have families, outstanding jobs.

At the state level, it has either been the younger people who are open to involvement or it is the second degree, returning kind of student.

People who see their role as more than that little area around their books are more motivated to be involved. It seems like people who view this preparation to be a
professional as bigger than them and their textbooks get involved.

Part of motivation is the student’s attitude about the group (NSNA). I pick this up every time members come to class—how they help each other across the courses.

Some students see involvement as a way to develop themselves a little bit further. I do think they see a learning perspective.

Finally, one student discusses money as a motivating factor to NSNA involvement.

Kate: If I am paying--this isn’t what I think but some other people may think--if I am paying for this, I may as well get involved and get my money’s worth.

Early involvement effects

What are the effects of early involvement in NSNA?

Faculty and students both feel early involvement to be very important.

Sara: I think the earlier you get involved the better off you are. I would never have another chance to run for president (of the national chapter) and that is why I wanted to do it. They (opportunities in NSNA) are just short-lived.

From the faculty,

One of the things we felt at the state and school level is to get them involved early. If you can get them (nursing students) to a meeting (NSNA), or even to orientation (to the nursing program), the president of the student group here talks with the students.

If students don’t get involved early, they
are graduates before they have time to get involved.

I think students who have gotten involved (in NSNA) have found out they like it and stay involved.

They (NSNA members) do tend to capture people here really early who want to participate (in NSNA). Last semester we had five people out of that course (OSO, the beginning professional socialization course) elected at the state meeting for different positions. It was pretty phenomenal for that group.

**Small group of actively involved students**

Faculty and students at both NSNA local chapter sites agree that only a small percentage of the nursing students are actively involved in the organization.

Meg: I would say 30 to 50 students are actively involved, but our membership is well over 300 I believe. So you would think we could get a lot more done—you know if 300 people wanted to be active we could be doing major projects and getting a lot done. It is kind of depressing when the same 30 people are doing the same things throughout the year. I just wish that more people were involved.

Abby: The fifth semester seniors have not been involved at all with NSNA. There are probably between 60 and 70 of them. Out of 60 to 70 students, one has been involved. I have never seen any of them except for the one person at a meeting.

Mike: Actively involved--there is probably about 30 to 40 out of 250 NSNA members. There are opportunities for students to have a lot more involvement in NSNA. It just takes the proper place. I think the committee structure needs to change. Committee chairs need to
learn how to utilize their committees better. They need to get together and pool ideas because there are a lot more things that our committees could be doing just for little things, little events, nothing major. I think if there is a better utilization of committees, we will see a major improvement (in active involvement). When we get to that stage, I think a major restructure needs to be done.

Kate: Not very many (students are actively involved). Not even all of the class representatives are real active. Only 8 or 9 are actively involved. (When asked if she perceived only this small group gets a lot out of the organization, she replied, 'yes, I do.')

One faculty member also comments,

Only a few selected students take officer positions and really become involved.

**Officer over involvement**

Officers are perceived to take on multiple roles within NSNA. To some key respondents, this over involvement is considered a problem when other NSNA members are excluded from activities.

Mike: As an officer we do a lot more than we probably should. We volunteer our time more than we should. Our committee chairpeople don’t rely on their committees enough. They have a tendency to say ‘Oh, Mike can you show up because some of my people did not show up?’ The three main officers just don’t know when to say no. Another example (of officer over involvement) is that one committee chair finally realized that having regular meetings is very important. She was one who would plan everything, think up the ideas, plan the whole thing, set it up and then call her committee for volunteers to work it.
She learned that people just don’t want to volunteer, they want to be part of the planning.

Abby: I kind of view myself as trying to be a superwoman sometimes, trying to do everything by myself and not delegating responsibilities. I know from my own personal self that is a drawback I have. I have to learn to delegate better, but that is my hole—if there is a problem, I am the only one that can fix it. This semester I really tried hard to encourage my officers and my committee chair people to use the general membership population and it has been hard for them, because I think we are a group of 'If it is broken, I am the only one who can fix it, can get it done‘. I need to sit on my hands when it comes to volunteering.

Meg: The people I have working on (major event) with me now have worked on different projects in the past and will be going to national convention and they will probably be the officers next year and work on committees.

One of the students relishes her involvement and discusses her feeling about opportunities within NSNA.

Sara: There are opportunities that come up that I say to myself ‘Well, I would like to give somebody else a chance to be president or to do this and then I think--well, you are only a student for 4 years. I like to do a lot.’ Sometimes I find myself having to hold back so someone else can do it.

Uninvolved students

In this category respondents discuss reasons why students do not become involved in NSNA. Uninvolved students are referred to as those who do not hold membership in NSNA or those who are members but do not participate in
any way, including attendance at meetings.

Sara: They (nursing students) have so many different excuses for not belonging. There is such a variety of students with their opinions of why they don’t want to go to the meetings.

Kate: I think others don’t want to be involved for personal reasons. They just don’t want to care is what I think. I know some people who aren’t involved and that is just how they are personally. They feel they have other things that are more important. The faculty don’t mention ‘Oh, we have a meeting this Friday for the nursing association.’ That could be another reason.

Allison: I think some of them don’t become active because they really don’t care. They would rather just skip it, spend more time doing something else besides the organization. They (one particular class of students) have almost a negative attitude and I don’t know where they got it because if I knew, I could try and fix the problem, but they are very apathetic, very negative in their participation.

Mike: I was so overwhelmed (first semester in the nursing program) and just trying to get used to things. I didn’t want to spend my time getting involved. I didn’t see the purpose of what they (NSNA) were doing. I didn’t really think about it either. People don’t want to be involved. They feel that all they have to worry about is school—’I can’t do anything else but study.’

Meg: Most of the attendance at meetings comes from first and second year students. It drops off a lot as people have other commitments outside—your third, fourth, fifth semesters of the curriculum are less involved in this building.

Mike: In general, as far as the student body is
concerned, they are deterred because they don’t feel they are involved (in NSNA). We (officers) have a problem of running the show.

Meg: They (uninvolved students) do not understand what we do. They really do not get the concept and if they are not interested to find out, then they never know. They are just not motivated and we don’t know how to get to them.

Discussion also revolves around the ramifications to students who chose not to become involved in NSNA.

Abby: I think people who chose not to be members are going to be at a disadvantage; they haven’t dealt with crisis and people who aren’t as motivated as you are and aren’t as responsible and professional as you are. If uninvolved students develop them (leadership, management and professional skills), they develop them through something other than NSNA.

Kate: I think if you are not willing to be involved now as a student, I think it is going to be hard as a nurse to be involved. You are not going to have the experiences that you could have had if you had been a part of this association (NSNA) here.

Moderate involvement

When key respondents are asked what they perceived students who aren’t in an officer or committee chair role (defined as moderate involvement) learn in NSNA, they respond,

Mike: As it (local NSNA) is structured now, I’m not sure there is much learning. I think some of the committees are trying to show
that students do have a responsibility and a sense of commitment. Some students are learning some responsibility but it is nowhere to the degree that I would like it or where it needs to be.

Meg: Some students just come to the meeting and they get points for it—professional points for a professional review course. Sometimes they come in, put in their time and walk out the door. Some do gain a lot of information concerning different fields (in nursing). Some see what this organization can do for the community. The second semester students wanted to get involved and I know a couple of them are thinking about running for officer positions.

Allison: I think any involvement is better than no involvement (and students can still learn). They can learn some degree of professionalism. They see how we conduct the meetings, how we present ourselves. There have been a few that have expressed interest in what we were doing, and have asked us questions we hadn’t thought of at our board meetings. If we have a speaker, they can see how that speaker projects nursing to the group.

Sara: I feel that the other students get—communication, a link with your professional association from the local to the state to the national. It is like a link.

**Increasing levels of involvement**

Throughout their time spent in the nursing program, students' (key respondent) involvement within NSNA steadily increased. With most students this involvement culminated with an officer position in the local chapter of NSNA. One student became a state officer twice and ran for national
They discuss their increasing involvement.

Allison: Each year I wanted to do more to get involved. Each year you brought that much more back into the organization depending on how you participated. For me it was a natural thing for me to get involved.

Kate: I was secretary (local chapter NSNA) my junior year and I liked planning the meetings and being a little more involved, so this year I am vice president.

Mike: The second semester (in nursing) I started getting more involved. I actually started going to a couple of meetings is really all I did. (During the four months prior to taking office as treasurer), I still had some guidance but I started doing a lot more things within the organization.

Sara: (Decision about running for national president). I wanted to go to the top. I set that goal in my mind because I felt I could do that job. It was a real exciting experience. With the state presidency, it was a goal that I reached for and I really personally believe I was very good at it.

How to get people involved

Respondents reflect on various methods to increase student involvement in NSNA, ranging from NSNA board member influence and role modeling to mandatory ties to the curriculum.

Mike: I hooked up with a guy in my class who was the fundraising chairman. So I just starting helping him. That is probably what got me most involved.

Sara: Nursing students need the chance to get in there (NSNA) and have that experience.
The only way you can get people involved is to involve them. Give them responsibility, and say, 'Hey, freshman, your committee is blood drive. Your whole class plans the blood drive.' I think that might be a way to get people more linked. It has to start at the board and be motivated out.

Allison: If you are excited by your experiences (in NSNA), other students kind of wonder what you are so excited about and their curiosity will carry them into it. If you can peak their interest and share how your experiences (in NSNA) have helped you in clinical or leadership practice (you can get people to commit to the organization). If they (other students) feel welcome to participate, they will participate. How the leaders portray the organization would be the first step (to increasing involvement).

Kate: I don’t think it is ever too late to become involved. I wish they (faculty) would remind them (seniors) about meetings. Maybe some people would go.

Meg: (When members have input into NSNA) it usually helps them get involved. Members will come and say 'Do we do anything with hospice?' we (NSNA board) say, 'Okay, good idea. Since you are interested maybe you can talk to this person', and then they usually take charge of that program and carry it along.

Abby: We (NSNA board) have been working on how to get more people involved, how to reach out to people and tell them this is their professional organization and maybe they shouldn’t be thinking, 'What is it going to do for me?', but 'What can I do for my professional organization?'

More detailed discussion of feelings about mandatory membership is included in the last category of this theme. It is presented here as it relates to a method to get more
The key respondents are generally very positive about mandatory membership and attendance as a way to increase participation.

Kate: I think it is great that freshmen are required to attend the meetings; hopefully they will just get in the habit of attending as freshmen and that will continue until they are seniors.

Sara: I know students that just go the meetings and most of them are forced to go because it is part of their grade—which is good because I think a lot of times they need that little kick to get going. They don’t realize what is going on outside their nursing school.

Abby: Some students have never come (to an NSNA meeting) so they don’t know what goes on in there, what we can do or what they can volunteer for. (090 students received points for NSNA attendance in past years). That is where the 10 points was really valuable. They get 10 points for coming and maybe they bring a friend and maybe they get into the next course and they are not getting points anymore but maybe they have seen this (NSNA) is valuable and they will continue to come.

Faculty at the small university have initiated mandatory membership and some mandatory student assignments within the local NSNA. They generally feel the assignment is serving its purpose to involve more students.
and those people have remained active.

Maybe we (faculty) have to mandate it (attendance at meetings) at first. It has been a growth and development thing for us. Starting to see what you have to do to motivate people.

You (nursing students) have to be there (NSNA), to be drug into some of these things and get the interest built. Once they get involved, that ongoing association appears.

**NSNA convention experiences**

Convention experience (both state and national) is mentioned so many times as both a motivation for student involvement and as a way to increase NSNA involvement, that a separate category was fleshed out. Faculty and key respondent alike discuss the nature of NSNA conventions and how they impact students.

**Sara:** The first time I went to convention (I made the decision to run for office). I never knew there was that aspect of nursing (convention) out there. I never knew that the student body of nursing even had a board and committees and professional views and outlooks that even guided the rights of students.

**Allison:** By going to conventions you can get more of an insight into what nursing really involves that you might not necessarily get through the classes that they (faculty) teach.

**Abby:** For the most part, 90 percent of them (delegates to state convention) are still in the organization. They are the ones who are
on committees, they are the ones who are getting things done and they are the ones who I hope will run for office. Most of them are up and coming leaders.

Meg: Things like that (attendance at state and national convention) get people more involved than probably our regular meetings do. To go see what is actually happening on a bigger level. I went (to state convention) and the state NSNA advisor was just wonderful and so excited and full of energy, she made us think about involvement on the national level and said, 'Get to national convention.' If you go to the national convention then you are hooked for sure because it is so exciting. I think the more you go to things like that (convention) the more excited you get about it (involvement).

Abby: I think national convention is where I really realized that we do a lot more than pizza parties. It (NSNA) is really a force and we have resolutions, we have things we send the government saying we support your position on this. I think the national convention was when I really realized that this (NSNA) is a neat organization.

Faculty confirm the value of convention experiences.

We schedule the convention as a class and most of us (faculty) go.

I think those students who are exposed to an experience at the state convention are seeing this as part of the larger picture. Seeing role models in a small group is very impressive, but seeing that multiplied many times over is even more impressive. I think it (convention) is another opportunity for them (students) to see how very professional it is to be a member of your organization.

When they (students) get to state and national
convention they can see it (professionalism) more fully developed.

Class leaders

Leaders within particular nursing classes are discussed as influences on student involvement in NSNA.

Allison: The majority of the sophomore class right now is non-traditional, so I think they are a little more influential (in encouraging NSNA participation) when they come in (to the nursing program) at that age.

Abby: We have had some really strong leaders come out of our class. But you can have 10 leaders and those 10 leaders are no good if they don’t have any support. We have been finding that out. It is difficult to get anything done if the committee people won’t do it.

Allison: I think there is always a leader in every class and if that leader can stand up and kind of prod the other members of the class maybe it motivates them to do more to help (in NSNA).

Time as a deterrent to involvement

Students are queried as to the rewards and deterrent to NSNA involvement. Lack of time is cited consistently by students; most of the discussion, however, revolves around the officers’ perceptions of other students reasons for lack of involvement.

Mike: Some people just don’t think they have the time. That worked for me for a semester and still works for a lot of people.
Abby: I know that several people use that (lack of time) as an excuse—’Oh, I can’t come, I just don’t have the time’.

Meg: A deterrent is it takes a lot of time. You have to be willing to give up some of that personal time, or you have to set priorities.

Kate: The time I do put into it (NSNA) is hard to come up with because I am so busy.

Allison: I don’t know if my classmates realize the time that it (president’s role) takes for this besides the regular school work that you have to do. Time is the big deterrent (to involvement). The major one.

**Time not a problem related to involvement**

Although the key respondents express lack of time as a deterrent to involvement, they also relate how time is used as an excuse for students not to get involved and how time could be managed to maximize involvement.

Allison: If you are going to be involved, you have to manage your time to allow for that involvement. I set aside so much time a week to either set goals or make contacts.

Kate: Our meetings are only an hour long, once a month so I don’t know if time is a reason (for lack of involvement).

Abby: It is amazing what you can do in 3 days when somebody comes to you and says ‘I can’t do this, I don’t have the time.’ I say, ‘Well, I don’t have the time’ and they say, ‘Well, you are going to have to do this because I am not.’ It gets done.

Mike: I thought ‘I don’t have time to be an officer.’ Well, that was wrong--there
is time. The other officers have proven that, too (that there is time to be an officer).

Abby: I could have easily said 'I don't have the time (to get involved), I have a husband and a house and a sick grandma and whatever else.' There are a lot of excuses that people can use to get out of doing things if they don’t want to do it. I am doing something that is important to me and that quarter inch of dust on my furniture will be there when I get around to it next week.

Meg: Nobody (officers) limits their time. I can call the treasurer at midnight. Everybody has been more than willing to help out, do their part, get things done. If it were more important to them (uninvolved students) they would find the time. They find the time to do what they want to do on weekends so I guess if it was more important they would take time out of their schedule somewhere.

Faculty who do not value NSNA involvement

Although faculty are mentioned in the motivations/influences on involvement category as positive factors in encouraging students to become involved in NSNA, faculty are also discussed as inhibiting student involvement. Faculty themselves express dismay.

Some people are great, but there are always going to be people in the faculty who don’t value that (activities in NSNA).

I am not saying that each and every clinical day in the baccalaureate program is not valuable, but man, some of these professional experiences can just set the tone for who
you are as a professional.

Part of the frustration is faculty who don't value this kind of involvement (in NSNA) perhaps, in my view, as highly as they should.

One of the students also discusses her frustration.

Abby: When we got to state convention there were people who couldn't come because their instructors would not let them out of clinical. I guess coming from a school that just lets us do that (attend convention), I assumed that everyone supported it (NSNA convention).

Feelings about mandatory NSNA membership

This category is included here as it relates to student involvement in NSNA. Mandatory involvement refers to the nursing program requirement that students must belong to the NSNA, and in the small university program, participate in NSNA. Many of the respondents feel mandatory involvement is positive in the sense that more students have experiences within the NSNA as a result, but there are mixed feelings.

Faculty speak first.

For all of the students, we require them to be members of the NSNA; they have to attend meetings as a requirement (for a nursing course). We expect that assignment as their role as a nursing student.

I started to encourage that (membership) when I came because only 1-2 belonged to national (chapter). We encouraged them for 2 more years and we had 7-8 or 10-12 (members) and that wasn't sufficient. Each year I guess what you are seeing is a move along in
their (faculty) philosophy. We talked about how important it (NSNA membership) is in the overall piece (professionalism).

I support that (voluntary membership in NSNA) because that is the behavior you want to see as a professional. I think it makes it more difficult because you have students who choose not to be involved but that is reality. I would like to see them all involved, but I'm not sure that is realistic.

Now it is the students' turn.

Abby: I wish it (NSNA membership) was required but even if you require them to pay the $25, they aren't going to come to the meeting if they don't want to, if they don't see it as valuable.

Kate: I don't mind it (that NSNA is mandatory) because I am involved. But I think others that aren't involved do mind, but it is their own fault if they are not trying to get something out of what they are paying for.

Allison: Some students participate because they feel they have to, not because they want to (with mandatory assignments).

Summary

This theme describes various aspects of student involvement in NSNA ranging from amount of involvement; to type of involvement; to processes, events, or people that help or hinder involvement. The theme is broad, yet "involvement" provides the linking concept between categories. Perceptions about self and other students are
generated by the key respondents. Faculty also give their perceptions regarding student involvement in NSNA. Many times students and faculty have similar thoughts, although the students are the most vocal throughout this theme.

Conceptualizing NSNA

Conceptualizing NSNA consists of three categories: 1) why NSNA exists as a local chapter, 2) NSNA as a professional organization, and 3) NSNA perceived as a "professional clinical". The theme includes characterizations and interpretations of the purposes of NSNA.

Why NSNA exists as a local chapter

Faculty and students are asked why NSNA exists on each campus. Many responses connect the organization to professionalism. According to the faculty,

They (NSNA) exist because if we (nursing) want to consider ourselves a profession, then we want to have organized efforts within our profession; I don’t think that you wait until students leave the doors and don’t come back. I don’t think you just send them out without having a practice, if you will, learning how to be professional and how to be involved professionally.

I think it (learning how to be involved professionally) has to start the day they (students) begin here and start doing their professional work. They learn the ins and outs of being in a profession (through NSNA).
You don’t prepare a student to join the professional organization by just telling them in the last trends and issues course, ‘This is what you do.’ I think you help them (students) see what the organization (professional association for nurses) does as a student organization.

It (NSNA) augments a lot of the principles that we teach and it (NSNA) is just another avenue to develop those.

I see it (NSNA) as sort of a pre-professional working in your state nurses association.

Students (in NSNA) are getting some things other than just the first level of professional socialization.

Students also talk about professionalism and the NSNA.

Allison: I think it (NSNA) exists on this campus as part of the professional inroads into nursing. It helps give more insight into nursing besides what the classes do.

Sara: It (NSNA) exists to give the students a better professional outlook. Their objective (NSNA) is to bring professionalism and political decisions and parliamentary procedures to the students.

Mike: I know what our purpose is—to foster professionalism.

There are some additional perspectives as to why NSNA existed on campus. According to the students,

Allison: The sense of identity (with the rest of the campus).

Meg: Some people are concerned with legislation and what we can do on a state level, chapter level, improving the community
Other people are very much into the other way--‘This is a business’.

Abby: Our organization (NSNA) is giving students power to have an input in their education.

Kate: (NSNA exists) to promote leadership.

According to the faculty,

It prepares our students in participative management situations. We have already gotten feedback on some of our students who have held office (in NSNA) here. When they go out to be employed, they know how to work on a committee.

NSNA exists because we (faculty) strongly believe it should exist.

**NSNA as a professional organization**

NSNA is conceptualized as a professional organization many times. Students give specific examples.

Abby: The only way we as nurses will come together is through our professional organization. So I think we as students need to get started in that professional organization and that is why NSNA exists. NSNA is our (students) professional organization.

Sara: You are starting here in NSNA and teaching students how to belong to their organization. Students need to be taught how to belong--not just tell them, okay just join.

Allison: I think an organization (NSNA) kind of sets you up for that profession. I think it has its own rules, morals, or ethical principles that it follows. Membership in an organization, or lack
of membership sets you up for your future as a professional nurse.

Meg: It (NSNA experience) is a good way to see the professional nurses organization. You can see how it (NSNA) directly relates from going to NSNA on into your professional organization. I just do not think our students understand how important it is to be part of a professional organization.

NSNA perceived as a "professional clinical"

The information in this category provides a new way of conceptualizing NSNA. During the extensive literature search, I never noted that NSNA was characterized as a "professional clinical", yet I hear this phrase or a similar conceptualization from more than one respondent.

Mike: (NSNA is) professional clinical. That is the way it is. I guess I don’t think students would be able to comprehend that they (NSNA experiences and experiences with client care) are on the same level. They (students) wouldn’t see what professionalism had to do with client care. If you think about it, it (professionalism) is a skill. It is going to look quite a lot different than taking blood pressures and doing dressing changes, but it (professionalism) is a big part of nursing.

Faculty: It (NSNA) is a laboratory for learning how to be a professional.

Faculty: Students would come here (nursing program) wanting to learn how to be a good clinical nurse but they have to learn how to be a good professional nurse and I guess I feel very strongly about when they (students) come (to the program), we put it (NSNA membership) right in their fees.
Summary

The categories in this theme illustrate that NSNA primarily exists to develop professionalism in nursing students. Two ways of conceptualizing NSNA are: 1) as a professional organization and 2) as a "professional clinical" arena, the latter identified as perhaps a new way of viewing the organization.

NSNA Experiences Woven into Other Life Experiences

This theme includes descriptions and interpretations of how experiences within NSNA relate to experiences within nursing and other areas of life. Four categories form this theme: 1) NSNA becomes part of life, 2) NSNA as the "real world", 3) transfer of skills from NSNA to clinical area/classroom, and 4) NSNA learning used following graduation.

NSNA becomes part of life

Two respondents reflect on the relationship of NSNA and its relationship to other aspects of students' lives.

Meg: It (NSNA) has actually become a complete part of my life. It is not just when I am at the college, I am the vice-president. It is phone calls trailing me all over the city. It has been a lot. As far as the board members, I would say all of them are basically professional all the time. People who internalize professionalism use it everyday.
Faculty: I think they (nursing students) can very easily get swayed by their peers and 'Oh, that is a lot of money' and all those reasons we hear why students don't join (NSNA). It (valuing professional organizations) has not been enculturated into their lives and their professional responsibilities.

NSNA as the "real world"

Several of the key respondents use the term "real world" to describe their experiences in NSNA. Specifically, students feel situations experienced within NSNA are similar to what they would experience in other aspects of life. Experiences are actual as opposed to simulated.

Allison: It (active NSNA involvement) prepares you for the real world—when you will be asked to do the committees and different works that might be outside your job description.

Kate: I think a book can tell you about all the skills of leadership and you can try and learn them, but I don't really think you have a grasp on it until you are put in a position to be a leader, like be on the board (of NSNA) or be the president of our association. You are actually following through with the leadership skills that you learn in your books.

Abby: It (NSNA) is more like the real world. I think the textbook learning, we learn theories and we learn the technical skills. I think a lot of what we learn in the classroom is what the professors think so it is their opinions and their thoughts and ideas on certain subjects. When you learn about the urinary tract, there is not too much opinion that goes with it, just fact. But when you are
learning about communication, it is a lot of their (faculty) perceptions about how you should communicate. When you get in NSNA, you don’t have someone saying, ‘Well, this is how you should handle this situation’, you just have to handle it.

Meg: We (NSNA officers) know what the real world is like, but we always try to make adjustments and keep our chin up. I think it will be the same thing once we get out there practicing. You see the same things go on (in other organizations) and you just have to deal with them--kind of a reality check for me. We go to school and we are kind of sheltered in the classroom--that is we go to clinical and everyone is all nicey nice; then you get involved in this organization and it hits you that there is all this paperwork and political stuff. You have to work through all that stuff.

**Transfer of skills from NSNA to clinical area/classroom**

Students and faculty perceive skills learned in NSNA are woven into the class and clinical areas of the nursing program.

Faculty: I especially see this (skill development in NSNA) in the 090 course, which tends to be more diverse and issues come up all the time. It tends to be the students who become involved (in NSNA) who have the courage to come and ask questions.

Faculty: I think those are the students who are involved too (in NSNA) who tend to raise issues in other arenas and courses—they tend to bring those skills of how to best approach the faculty. They just have better skills at approaching a problem.

Faculty: We have had students who sat in class for years and never said boo, run for
president (of local NSNA) and just blossom. They started there (running for office) and then they started talking in class and they started doing other things and their grades went up. It was like the fertilizer they needed.

Allison: Maybe they (NSNA members) would get an idea to implement something or start something totally new (in the clinical area) through their contact in the organization (NSNA).

Kate: I am already using this (time management and skills learned in NSNA) right now in clinical. You do what is most important first and then try to get the other things done. You have to really manage your time.

**NSNA learning used following graduation**

In the final category of this theme, respondents identify how learning within NSNA could be used after graduation.

Sara: I have learned from that (NSNA experiences) that I am going to be a member of my nursing association and my specialty organizations.

Mike: (What I have learned in NSNA) will carry over in my demeanor, how I deal with nurses.

Allison: I keep saying I am never going to do it, but I can perceive myself as another leader of an organization. Participation in a student organization kind of gears you up for when you will be asked to participate in this product analysis, for example. It (NSNA experience) lets you know what will be involved and helps you interact with other people.

Kate: I think if you are involved here while
you are in school (in NSNA) you are more likely to become involved once you are out of school with different associations.

Meg: I have learned a lot better ways to deal with people (through NSNA) just on a daily basis. Also, ways to organize. I think I will use everything I have learned in NSNA on a daily basis wherever I am working.

Abby: I am not going to stop my involvement with NSNA. I really want to be a part of the American Nurses Association and I think I have the leadership skills to assert myself because that is a huge organization. So I think that (leadership skills learned in NSNA) is going to carry over in dealing with other nurses, dealing with administration. I don’t think when starting the College of Nursing I was thinking about joining ANA. But I think it (NSNA) has made me appreciate what we are doing as a profession and the way I can apply what we are doing as a profession, where we are headed, what our goals are. In my every day practice. I can use it (learning in NSNA) a lot.

Kate: Time management definitely and organization (learned in NSNA and used following graduation). I can use it (leadership skills developed in NSNA) for committees or even if I would become a manager or a charge nurse.

Abby: I really think it (NSNA experience) is going to be a huge benefit down the road. I don’t see myself being a staff nurse forever. I see myself getting more education and getting into a leadership role.

Faculty also discuss skills developed in NSNA that could be used as practicing nurses.

The local employing institutions have made note of how well they see the
students (involved in NSNA) move into their own committee structure.

We don’t have any data yet to show what we have done in the past few years (mandating NSNA membership) has really made an impact, but it is something we (faculty) are going to be looking for as we do our follow up studies.

I think working in the student organization helps them (students) to begin to work in groups or committees, which is something they will face the rest of their professional life.

I think it (experience in officer roles) gives them the picture that there are all these things out there and I can do more than what I thought with my professional career.

(After NSNA members graduate they can say) ‘I can hold my own and I can contribute.’ That is a neat realization for those people who move to the next level (ANA membership); they bring an enthusiasm, a freshness and they are motivated and they really feel like they fit.

Summary

Respondents view NSNA and the experiences students have within the organization to be relevant and applicable to other areas of life. NSNA is not considered a package to be placed on a shelf when not in use. In essence, the organization permeates or is “woven” into all corners of life—from daily personal lives, to lives within the clinical and classroom areas of the nursing program, to projected professional lives following graduation.
Role Relationships and Activities within NSNA

There are eleven categories in this theme of role relationships and activities within NSNA: 1) university support of NSNA, 2) community relationship with NSNA, 3) role of officers/board members, 4) feelings of officers/board members, 5) relationship of officers to other board members, 6) relationship of officers to other nursing students, 7) relationship of officers to faculty advisors, 8) difference between officers/committee chair experiences and other NSNA members' experiences, 9) NSNA connections to the faculty, 10) NSNA meetings, and 11) local chapter financial status. The categories address relationships between NSNA members and others involved in the nursing program, university and community. Descriptions of NSNA activities and functions are included.

University support of NSNA

In this category respondents identify people and events within the university, including the nursing program, that made or could make a difference—either positive or negative—in how NSNA operated and was perceived.

Faculty: The state officers (in NSNA) wanted to really empower the chapters to make the most out of their activities. One of the ways the students wanted to do that was to get the support of the higher people in their schools, whether it be a
dean or advisors (to NSNA). But that can make or break it (NSNA). They needed the faculty support.

Faculty: Or another professional support (for NSNA). I have seen some schools when maybe there wasn't strong faculty support, you would hope there would be that. But if someone else could influence the faculty—you know another professional colleague of theirs.

Faculty: One of the interesting things happened at convention (state) last October. There was a discussion at some point—asked 'What is the biggest hinderance or positive push forward for your chapter?' and they (students) said 'The support at the top of your school because that can kill it (NSNA) or not.'

Kate: (By having NSNA highlighted in a university brochure) it is a way to know that as a student you are valued within this association.

Allison: (By having NSNA highlighted in a university brochure) It would promote the students' identity. If a student body has a strong identity on campus, if they feel that what they do is pertinent to the campus' image, to the community....

Mike: I really did it (got involved in NSNA) to try to make a name for ourselves. I just wanted people to know that the nursing students have an organization that was well organized, performed a lot of community service, just was very professional. There are a lot of campus groups out there that you don't really hear about, and we are not necessarily one of them, but we could be more well known that what we are if we would work at it.
Community relationship with NSNA

The strong connection between NSNA and community service is discussed by respondents. Respondents who specifically talk about community service are certain that the link to the community is an important one.

Faculty: To learn about the service aspect they’re (NSNA members) all sponsors of the blood drive on campus, they do all the arranging, coordinating. They participated with other professional organizations on campus.

Faculty: Over the years they (NSNA) have been involved with Catholic Worker House and other groups that have needed assistance.

Allison: Maybe their (student) involvement in the student organization (NSNA) can help them reach out to the community better, to get an understanding of the community.

Meg: I got involved (in NSNA) not so much for the political power of it, but more for the things we do. It is an organization that can help the community and promote nursing in a way that is positive and let the people in the community know what nursing is doing and how we can help.

Mike: If the community perceives you (NSNA) as more of a professional organization, you get a lot more respect. You are asked to do a lot more things (in the community) which has been the case with us. We also help the community--by blood pressure screenings and different community service work that we really do enjoy doing. It gets us out there and lets people know that we are around and interacting.
Role of officers/board members

Descriptions of the role of the NSNA officers and board members are included in this category. Several of the key respondents held multiple officer and board roles during their NSNA association, indicating that these students are highly involved in the NSNA organization.

Kate: My junior year I decided to run for office and so my junior year I was secretary (of local chapter NSNA). My junior year and now (as vice-president) I was an officer.

Allison: My junior year I was the class representative (on the NSNA board) and now I am president.

Sara: I ran for state treasurer and I won the position on the state board and then I became a state board representative to the local board here at school. I served as president of the state chapter last year. Also, we (state board) lost our editor (of the state newsletter), so when I took over as treasurer, I also took over the editor position. I had also ran for the secretary/treasurer at the national level because my far goal was to be president at the national level (Sara ran for national president but was not elected).

Abby: I am on the state board (of NSNA). I am the Break Through to Nursing Director which is primarily in charge of recruitment. (She is also president of local chapter NSNA).

Descriptions of the functions of the officer and board positions follow.
Kate: We (local board) have a lot of responsibilities. We run all of the meetings, we make all of the decisions, we try to get people involved and make sure everything runs smoothly. We are the leaders of the nursing association. President, vice president, treasurer, secretary, editor, communications director, state representative and the class representatives (make up the local board). Usually we have a board member be head of a committee and then have people in the general meetings be on committees too.

Allison: (In the president’s role) When they (local board) make decisions they come to me to finalize them. I kind of give them suggestions on what we should do--their leader in a way. Only the officers are voting members of the board.

Sara: They (local chapter NSNA) utilized me for revising the bylaws in our school association and just bring more professionalism into our own local chapter here (as state board representative). I got student nurses’ day out of it (role as state president). I went to the governor and got him to give us student nurses’ day.

Mike: My job (as treasure) has expanded a lot because I have offered more input.

Meg: (As vice-president, she is in charge of a yearly education event). We divide into 5 committees to take care of different aspects. Our treasurer is in charge of all the financing. We (the committees) each have different responsibilities.

Abby: We (Meg and Abby) have really shared the responsibilities (of president and vice-president). The Breakthrough to Nursing position is also in charge of making money,
asking for funds for scholarships.

Feelings of officers/board members

The key respondents not only discuss the functions of their roles in NSNA—their roles in NSNA—they also describe feelings about the position/s during their tenure. These feelings range from expressions of frustration, to lack of preparation for the role, to reward in the role.

Sara: When the next board (local) came in (when Sara was on the state board), I was 'I can help with this, I could help you', but I don’t know what happened. It is who you have on your board I guess.

Abby: If you would have told me when I came into nursing school that I would be doing this (president) I would have told you that you were crazy because, yea, I had been on student council, but I had never had this much responsibility.

Allison: At first, not knowing what I was getting into (as president). I think if I would have had more preparation I would have run things differently this year. I would have felt a little more organized.

Abby: Right now I am kind of flying solo (in Breakthrough to Nursing position) and it is an uncomfortable feeling when you don’t have any background.

Kate: I wish I would have run for president now just to have a little more say in what goes on, but I like my position.

Allison: I have learned some valuable lessons as president.
Abby: I feel I have done it (president) and done it well. That is always what you look back on. I know there are several things that can be improved.

**Relationship of officers to other board members**

The next three categories in this theme speak to relationships of officers with other people connected with NSNA. In this category—relationship of officers to other board members—connections are described as positive, although the described relationships are perceived to take some time to evolve. Key respondents at the large university are particularly vocal about the strength of the relationship between officers.

Meg: In the beginning, we didn’t know each other that well. I think at first (following election) you don’t really know who to ask about things, but the more you get to know each person’s responsibilities, it works out. We (local board) are a pretty close group so everybody calls on everybody else if they need help. You know Abby might be head of this project and she was going to call so and so, but she has a busy night and can’t call them, and then she calls me up, ‘Can you call up so and so?’ Yea, I will call them. We spread around the work so we can all get through it.

Abby: Working with other people on the board, I probably wouldn’t have given them the time of day because I didn’t know them. Now they have become acquaintances and friends and cohorts. It has been a neat experience. We have had a really great board to work with. I feel very comfortable
saying, 'Would you take over this project?' and leave them totally responsible for it.

Mike: Being able to work with 4 or 5 officers who are just as committed (as I) has been really nice. We have accomplished a lot.

Relationship of officers to other nursing students

How officers relate to other nursing students is described and discussed here. Much of the discussion revolves around how officers nurture or develop other members of NSNA.

Abby: I like to see the people in the below me develop. It has been fun watching them develop into leaders; I am trying to encourage them as the past president encouraged me to become a leader and say 'This is what it takes to do this and I know that you want to--don’t hold yourself back because you don’t have the time'. Most of the people who are helping us (board) do everything are from the classes below us.

Sara: If you (officer) are not giving them (NSNA members) anything back, they are not going to come. They would think 'What good is the association for me?' It is hard to keep people together. You have to be the right person for motivating people and delegating and doing it in the proper way. Even after I graduate, I want to work with student nurses.

Allison: When they elected me president, I said, 'You can come to me any time with ideas or concerns--to me or any of the board members.'

Meg: The friends I have made from the younger classes, you know they are getting
ready to take this test. You can ask them ‘Have you survived this yet?’

Officers themselves benefit from the relationship with other NSNA members. According to Meg,

I have got to meet a lot of interesting people that I probably wouldn’t have if I was just going to school. We (officers) learn a lot from our members.

Sometimes the relationship between officers and other members is perceived as difficult because members are unable to see the broad picture of the organization.

Allison: If they (NSNA members) don’t participate, they just see us having raffles, and they just see us trying to do certain events, they don’t see the whole aspect of a treasury and a communications department, we have a newsletter—all of the aspects of the organization.

Relationship of officers to faculty advisors

This third of the triad of relationship categories concludes with a discussion of officer relationships with faculty advisors. Faculty discuss the importance of advisors letting students be independent in their officer roles.

One of the things I have had to learn with them (officers), was not to be as directly involved, let them do it, let them make their own mistakes. The more mistakes they make early on, the fewer they make later. But they have the
opportunity to learn.

As advisors, you weigh letting them (officers) go on their way and making those mistakes, because that is the best way to learn.

We (advisors) are not always telling them what to do. I was concerned I was going to have to be a mother again and I haven’t had to do that, I really have been an advisor.

You start with a new group of officers and by the time they are ready to leave, they can now solve their own problems potentially and they couldn’t before.

Faculty advisors also talk about how they help officers develop.

Sometimes we can help them (be heard). There was an issue that came up and I was working with one of the officers. I started with ‘You did a great job with this. This I might do a little differently next time’—and I gave her an example how I might do it. I don’t want to tell them exactly what to do, but there are times when it is too hard to pass up those teachable moments.

Hopefully we (advisors) can help them (officers) with problem-solving or how to get things done.

Students think of faculty advisors as NSNA consultants.

Sara: They (advisors) are consultants.

Allison: More of a consultant. She (advisor) would make a suggestion—a strong suggestion. She helps us realize our limitations or maybe gives us a different perspective. But
she really doesn’t have any authority throughout the meetings.

Kate: We as a board have the power and she (advisor) can give us her opinion on what she thinks, but the majority rules.

Meg: They (advisors) are basically just for guidance. It is like when new issues come up—'Well, you need to start with this, and before you take it to the faculty, you need to do this.' They (advisors) know what needs to be done. Most of the time they let you run things the way you want to run them.

Abby: What I think the faculty advisors do best for us is when we go to them with a problem and instead of them just saying 'Well, this is the way you should handle it', they help us figure out on our own how to handle it. Knowing we have that faculty support is really a boost for the organization (NSNA).

Mike: Our advisors—they try not to exert their authority, but we (officers) always take their advice pretty seriously. We respect what they say because we have learned in most cases that they are always right.

Difference between officers/committee chair experiences and other NSNA members’ experiences

The key respondents in this study (all officers) feel their experiences within NSNA differ from others’ experiences for a variety of reasons.

Kate: Sometimes I think if you are not an officer or really that active that you don’t get as much out of it (NSNA). It (learning as an officer) is different (from students outside the officer/
committee chair role). Because as an officer I am more involved in making some decisions and leadership skills.

Meg: On our level (officer) we see more of how things work in the college as far as faculty meetings and how different proposals go to the dean to get approved. I don’t think the members really see that there is all this extra stuff going on.

Abby: I think it takes moving into the officer position to know that there is a whole lot more going on (in NSNA) than volunteering for (an educational event at the college). I wondered if that was all they (members) saw the organization as, just volunteering to participate in different things. That is something that should be worked on harder, to develop the whole picture for other people so that they know what it (NSNA) is all about.

Meg: It (NSNA) has socialized me to the professional organization, but there are only four or us (officers) that can say that.

Abby: I would say the small core group of the students (actively involved students) develop leadership, management and professional skills better.

Students in this study, however, also espouse the general membership of NSNA can learn from officer experiences.

Abby: Hopefully, the general membership learns from how the officers handle situations and hopefully we motivate them to go into leadership roles. They also learn professionalism from the way we address them, how we conduct the meetings. They learn how to work together.
NSNA connections to the faculty

In this category, faculty is equated with nursing faculty. Mixed reactions are elicited regarding faculty and their connection to NSNA. From the faculty,

We encourage them (NSNA members). We don’t schedule classes for the state convention (NSNA).

We value it (NSNA) enough that we let them out of class to go do these things (in NSNA) without penalty. It is important to us (faculty).

The first meeting (of NSNA) was well attended by the 090 students. We (faculty) really encourage them (students) to attend and to meet upper classmen.

They (NSNA members) can learn fairly early on that faculty are approachable.

From the students, most responses indicate a positive connection to the faculty.

Kate: It (NSNA) is encouraged very strongly here (by faculty). Faculty look (on it) very highly if you get involved. Our nursing classes are usually cancelled when there is a convention. They are very supportive of any fundraiser we do or any activity.

Meg: They (faculty) always pop by the office and ask how things are going. I would say that we (NSNA) have really good support here. We have been able to use our faculty resources here. They are more than willing—they will help you with anything. They are open to suggestions.

Abby: I have just made myself generally
known to the faculty. If I have to talk to the team leader (of a course) because I am leaving for convention, I have gotten to know a lot of the faculty in that respect. I can walk through the halls and generally see someone I know every time. You get to know several of the faculty and come time for recommendations for a job or for school, that is really nice when you know faculty you can count on.

Sara: I think they (faculty) are pretty supportive of any student that is going to be involved. They (faculty) were kind of helpful in fund raising. When I became treasurer of the state, it was great. When I was sent to national to run for national office (faculty said), 'It is really great that we have a student running for national.'

Allison: I think the faculty respects the commitment that we have made outside our school work to be a part of the board. You develop a real strong relationship with some of the faculty. I don’t know if we were not a part of the board if we would have that strong of a relationship with the faculty.

Meg: I have been nice to get to know the faculty a little better and know that they are not just here teaching, that they really do have lives and they are people and they really do love their work.

Abby: I have communicated with faculty here at the nursing building and through what I have learned in the organization (it) has given me the courage to go up to the faculty, to talk with them about certain issues.

Students also suggest ways the relationship of NSNA to the faculty could be strengthened.

Sara: I think our local school, our
local chapter here needs to be sure to have faculty members involved, more than just the dean.

Abby: I would like it if faculty would broaden their support to encouraging people to become members, to go to the meetings, to be active in the organization. Some of the faculty--give their lecture and are unavailable.

**NSNA meetings**

Activities and the processes of how these activities are carried out in NSNA are the foci of this category. Ways to facilitate meetings are discussed. Key respondents speak out,

Sara: Students make the rules, you know make the decisions and vote on the decisions.

Allison: During board meetings, I see if anyone has any suggestions as to how we can run something. A board meeting usually lasts about an hour. Generally we get 2 or 3 out of the 4 class representatives there. We go through committee reports, any old business and then I go through the new business; I will see if anybody in general has anything to say.

Kate: If we (NSNA board) don’t get everything done that we need to, we aren’t functioning effectively. We do function effectively by discussing what we need to and taking it to the general meetings and voting on this and actually following through and making sure it gets done. We have class representatives that attend the board meetings and they go back and tell the classes when the meetings are or if we
are having fundraisers or if we have speakers.

Sara: They (NSNA meetings) could be a little more organized. I get frustrated with unplanned board meetings.

Allison: For the incoming board, I have asked some of the board members (current) to draw up suggestions they have for the next board person and at our next board meeting I am going to ask them what they have done in the past year, what they would have liked to have done differently, maybe give them suggestions on how they could perform their job and refer them to the by-laws to help them understand the organization better.

Meg: We (NSNA council) started meetings about the first week of August. We had to get the ball rolling or else we weren’t going to get anything else done our first semester.

Abby: We (NSNA) have a person who sits on the Academic Council (for nursing) who meets twice a month with faculty and says "We (NSNA) really don’t like this about our program".

Meg: Last semester we (NSNA council) met twice a month and we had large group meetings twice a month and we didn’t have a lot of support at the large group meetings. This semester we switched to one meeting a month and we try to get speakers at each one and then maybe have pizza, something for them to eat when they come. We do one executive council and one large group meeting a month. It would probably end up being more (time) but we don’t call them official meetings—everybody kind of huddles around the door and says ‘I need this, I need that.’ We get things done that way too.
Local chapter financial status

In this category, students reflect on NSNA local chapter financial status and how the organization stays fiscally healthy.

Mike: We do pretty well for ourselves financially. They (the university) give more money to organizations who do good fundraising and who are already supporting all programs. We make a lot of money from a lot of things, but I guess it (NSNA) is not organized to make money at some things.

Kate: We do fundraisers—I don’t know how many we have done. So right now we have a lot of money to work with, so there is more money to do—you know have pizza at the meetings.

Summary

Positive officer relationships with others, ranging from people connected to the larger university to the individual nursing students within each local NSNA chapter, are identified as making a difference in the success of both local NSNA chapters and the people within them. Officers give clear examples of how their experiences within NSNA differed from those of the non-board member of NSNA. The workings of the local chapter, including financial status, are described.
Learning/Internalizing within NSNA

This theme incorporates descriptions and interpretations of what is learned and/or internalized through the NSNA and how that learning/internalizing occurs. The twelve categories are: 1) how involvement affects learning in NSNA, 2) how to determine what is learned in NSNA, 3) learning outside NSNA, 4) skills learned in NSNA, 5) knowledge learned in NSNA, 6) values learned in NSNA, 7) learning professionalism within NSNA, 8) internalizing values as part of nature, 9) difference between learning and internalizing professionalism, 10) internalizing practice in one's own way, 11) NSNA and experiential learning, and 12) NSNA socializing students into the nursing profession. The category entitled 'learning outside NSNA' is included within this theme because respondents describe arenas where the same or similar learning (to that within NSNA) can happen.

How involvement affects learning in NSNA

This category reflects respondent thoughts about the learning process in NSNA and how learning is/is not affected by involvement. Students and faculty clearly articulate their feelings that involvement is directly related to the amount and type of learning that occurs within NSNA.

Sara: The more involved I get (in NSNA) the more knowledge I have.
Meg: When you go to the NSNA meetings, you kind of see what is going on there. It is not just a bunch of people sitting around and laughing and throwing food. It is discussing issues and listening to speakers. You can see the professionalism come out.

Abby: As I became more involved with the organization, I learned other aspects of professionalism -- how to write a letter to the dean. It takes involvement (in NSNA) to develop that part of your professional life-. 

Mike: You don’t learn within the organization (NSNA) without being in the organization. And it’s apparent that they’re (uninvolved students) not.

Faculty: The students that you almost have to force into it (NSNA), the hangers back, not much (learning). They just come sit.

Faculty: Unfortunately, only the people who are really involved at the school level get the opportunity (to learn from faculty advisors)--the rest of them don’t. Boy, I’ll tell you it is feast or famine--the people who really miss out are the people who are not involved.

How to determine what is learned in NSNA

Faculty are asked how it is determined what students learn in NSNA. Their answers are surprising--several comment on the difficulties entailed in assessing this area.

I don’t think it (what students learn in NSNA) is something that you can grade.

It is hard to measure. I know that attempts are made to do that, but I don’t think we do it per se.
Faculty also remark that measurement of what students learn in NSNA takes place following graduation.

I don’t think you see it right away. I think eventually if you see them as colleagues after graduation join a professional organization—I think you see it in behavior rather than in words.

If they actually join their professional organization is one way to determine that particular piece. I think that is probably the most objective way to determine.

Employers see a difference in their (students who have been involved in NSNA) ability to have those skills.

Learning outside NSNA

In this category, nursing students discuss skills/values they learned in arenas outside NSNA. They also give their perceptions of where other students, not actively involved in NSNA, learn such skills/values as leadership, accountability, organizational skills and service to the profession.

Meg: I don’t really think (that only a small group of actively involved students develop the skills of leadership, management and professional skills). I think a lot of people are here (in the nursing program) with those skills. You know they have jobs and they are involved with different organizations where they learn those skills.

Sara: We have learned those values (listed above) not just through the student nurses association, we have learned them in the
classroom also. Faculty really emphasize being professional—through peer evaluation and presentation we learn those aspects of professionalism and leadership skills.

Allison: Many of them (non-traditional students) have had previous careers or previous degrees and jobs where even if it isn’t health care related, they will bring certain experiences into the nursing world that will help them, be it management, or time or even interpersonal relations, communication.

Abby: Some of those skills could very well be (learned) in other organizations that I don’t know about and that is why they (nursing students) are too busy to be in this one (NSNA). Your sorority is not going to help you get a job, but if that is where you priority is, there is nothing I can do about that. (In the sorority) you still have to deal with officers and committee chairs who don’t show up and maybe officers who don’t do their duty. Maybe it won’t help their profession. Maybe there are nurses who have been in their sorority who can help them. I don’t know, but it (sorority experiences) is a different type of networking.

Meg: Beginning professionalism was learned in class. You know they would say, ‘When you go to a clinical area, dress nicely.’

Mike: I don’t think there is any particular instance where I learned it (professional demeanor), I just assumed that is the way it is supposed to be.
Skills learned in NSNA

The next three categories in this theme describe types of learning within NSNA: skills, knowledge and values. The first of the three categories is skills. The definition of skills is somewhat arbitrary; I categorized information into skills, knowledge or values learned in NSNA to make the categories more manageable. Respondents did not address each category separately; they often labeled what they learned as values. Skills are defined as application activities. Faculty give their perceptions.

Students develop poise and students who I would say were in the giddy stage, start to develop some grace and sense of social presence.

I think we see leadership skills (through NSNA) developing from people we least expected it from.

They (students involved in NSNA) really get a respect for everything from bylaws to proper protocol for running a meeting.

Even watching, if there are problems going on within the board, how much they learn about the appropriate behavior to go about getting things resolved.

They have learned that as a professional you can disagree with each other. They have found out you can still disagree and make it work.

Communication and organizational skills are two areas that students mentioned frequently as learning within NSNA.
Allison: The ability to be assertive enough if I don't like the idea and I don't think it will work—that I can still say 'Let's step back and take a look at this.' Communication is one thing I have learned. You can never over communicate. If you know what you want and you know what they want, somewhere along the line you can compromise and you can both get half way what you want and both be happy.

Sara: Probably the main thing I learned was organizational skills. Also, just standing up and speaking and trying to influence people and get more people involved. I think that was one of the most important things I learned.

Abby: I have seen a definite improvement in how I interact with professors and nurses in general. Cooperation. So interaction and knowing you can't just blurt out ideas without a plan or objectives. The more you plan the more professional you look.

Meg: I think what a lot of people learn are ways to improve their communication skills. Also being organized. There is a protocol for everything that I didn't really realize before. (The major education event) is designed to give the officers of (local chapter NSNA) experience planning this big convention, and working with people from all over the country trying to get it organized.

Time management and delegation skills are also identified by the students.

Abby: I have learned how to delegate so I am trying to get my committee chair people to delegate to their committee. If the committee people don't come through, then the chairperson looks bad and then eventually me, and the organization can
look bad.

Kate: Time management and decision making because we have to make decisions as a board.

Allison: My big thing was delegating responsibility.

Another learned skill is leadership, along with several others.

Meg: Members learn ways to improve their leadership skills.

Kate: Leadership (which includes responsibility and decision making).

Sara: Leadership. I think leadership is an important thing that I learned to delegate. I have learned all about committee work, participating on a committee as well as chairing committees.

Abby: Rewards are leadership skills, empowerment, autonomy, you develop all those skills.

Allison: Independence. They (NSNA officers) can go off and do their own thing, yet they are responsible to the organization.

Knowledge learned in NSNA

The second category in the triad of types of learning is knowledge learned in NSNA. This category is defined as the abstract concepts learned through NSNA.

Sara: Being able to get the whole picture of what is going on outside of your little student nurse shell. You know, what is going on with nursing. I started knowing about what was going on internationally (in nursing), getting to know more about nursing
in another country. Cultural issues, men in nursing, minorities in nursing. How do you help your brother or sister? Doing editor work, I got really knowledgeable about political issues, how to utilize your lobbyists.

Kate: We have had different speakers come—we have learned from the speakers. Parliamentary procedure—I have learned that.

Meg: I have learned that there are a lot more political things (in NSNA).

Faculty: They learn about themselves and their position. It is the first time maybe they have had a job description and they have responsibilities and capabilities for doing some things and not for others.

Values learned in NSNA

Values are defined as beliefs and identified as part of the affective learning domain. This category addresses the third area of learning in NSNA.

Mike: Commitment, responsibility, certain demeanor actually has come out of it (NSNA) for me. Commitment is the biggest one.

Meg: Responsibility and respect.

Abby: Empowerment. I think we (NSNA) are the largest national student organization in the nation, so that gives us a voice and it gives up credibility. We are not afraid to let our opinions be heard. Empowerment comes from we (NSNA) have a voice and it is being heard.

Allison: I have learned that the different values people have—you respect them but yet you have to challenge them to make that person and yourself grow. Commitment—the importance of it was reinforced (through NSNA
involvement). Commitment to the organization, showing others that you are willing to make a commitment to something that is not really required.

Sara: Maybe you might get the value out of it (NSNA) that gives you that commitment to belong to your organization (nursing association). I think the biggest value I learned is—that we have a bigger voice when there are more of us. We (would) have a stronger voice if we had people involved and more people knowing what was going on.

Faculty: It is real instructive to learn (in NSNA) that you don’t work and function as a professional in isolation.

Faculty: I think it (NSNA) just empowers them (students).

Kate: Accountability—the board is accountable to the general students.

Learning Professionalism within NSNA

Because "professionalism" can be conceived as encompassing skills, knowledge and values and because professionalism is so difficult to precisely define (as discussed in the Chapter Two literature review), I fleshed out ‘learning professionalism within NSNA’ as a separate category from the previous three. Professionalism is identified numerous times as being learned within NSNA.

Kate: The most important thing I have learned (in NSNA) is professionalism. It is just by attending the conventions, you know the speakers they have are just very professional.
Sara: Belonging to NSNA is an important thing (as part of professionalism).

Mike: The rewards (to NSNA) have been helping me realize the importance of responsibility, commitment, which ties into professionalism. That definitely has been my biggest reward.

Abby: I go back to professionalism—it (NSNA) is socializing us into the profession as far as how to deal with our fears, how to deal with situations, how to act in certain situations. That (professionalism) is one of the most important things that NSNA offers. I think for a lot of students they don’t know exactly what that (professionalism) is. I guess I came into it since I have been in the organization—not only as a leader, but as just a member of the organization.

Meg: (In NSNA) you have to do more things and deal with different types of people and you see the results of being professional. I think we have all learned that, all the board members. Just to be professional, just to be accountable is the most important thing.

Faculty: Hopefully, they will do what they want (in the officer role), but in real life we know how that is and how you have got to follow up and make sure that things got done. If they can begin to work with that and learn from it and become more effective now, we are sending out a professional.

**Internalizing values as part of nature**

Key respondents were asked "What do you perceive is the difference between learning and internalizing?" Their responses are placed into one of three categories. 'Internalizing values as part of nature' is the first
category reported on in this study. Abby feels internalizing consists of taking what was learned in NSNA and incorporating it into their self.

Abby: It (what is learned) becomes part of my nature. I just know if I am going to a meeting I should look nice and dress appropriately and I act the way I should. I act different at this meeting that I do at a card party. But some of it still—the communication and how you talk to people and how to be respectful and whatever might come up in conversation, there is still a bridge there. So what I have internalized becomes part of my personality. If it (what was learned) does not become part of your nature, it is not going to become part of any other part of your life.

Difference between learning and internalizing professionalism

Sara views learning and internalizing in a different way from the other key respondents. She tells me that students could innately have some qualities of leadership or be professional, but by learning theory behind these concepts, the innate abilities become stronger. She feels students need this theory in the formal curriculum as well as experiences within NSNA to bring out the innate abilities.

Sara: We’re coming up on elections, new officers—only two people out of how many hundred nursing students have turned in their application to run for office. I am thinking ’What are we going to do to get
people going on this? Well, the faculty advisor says 'Well, this one (student) would make a good one, let’s give them a call and give them a nudge to do that. I see one student I know who would be very good. She has strong (innate) qualities, but can she delegate, can she work with the group? There is motivation for her (as a new board member) to do that (delegate, work with the group), but is she going to learn it with a bunch of people who haven’t learned it yet?

Internalizing practice in own way

The last category that addresses the relationship between learning and internalizing is labeled 'internalizing practice in own way'. Allison conceptualizes the difference between the two in yet another way from Sara and Abby.

Allison: Internalize—to put into practice in your own way. To internalize, you kind of take all the information and process it and then do your own interpretation of it. They (faculty) teach you interpersonal communication. Everyone has their own style of communication. My meetings (NSNA) are very laid back, I figure if you have something to say, everyone can listen to it because it is very valuable.

Mike also views internalizing as ‘putting it into practice.’

Mike: Maybe people don’t realize that they can foster some of the things they were told (about professionalism) by participating in the organization (NSNA).

NSNA and experiential learning

Repeatedly, key respondents use the response "by experience" to describe how learning happens within NSNA.
Allison: The president from last year just said, 'You are the president, congratulations, here you go.' I thought 'Okay, now what do I do?' I just took it step by step, by asking the different board members what they expected, what they would like to do and how we would do it. It was a trial by fire learning experience. I have now had experience by the presidency.

Kate: I went to convention so I have learned from watching presidents on how they run the meetings; from that experience I can bring it back to our local chapter and practice it here. I am learning at every meeting. I think that is what learning by experience has done for me.

Mike: No one really said, 'Mike, you should do this, this, and this.' No, it has been experience. Learn as I go. Purely experience. I learned because I did not want to look like a fool. I wanted to be respected for the duties I did.

Abby: You can't learn this in a textbook. There is no way. They don't teach you how to deal with people in a textbook, you have to deal with the crises and problems that come up. It all comes down to having experience working with people. I think it is a disadvantage if you haven't had that experience (in NSNA).

Sara: (When asked how learning within NSNA occurred) -- Experience. It (NSNA) gives more experience and you can find out what is going on out there and how you can help someone.

NSNA socializing students into the nursing profession

In this category, key respondents talk about how students are socialized into the profession through the
curriculum; then they discuss how NSNA could be used as a vehicle to socialize students into the nursing profession.

Mike: Professional skills, I think you can make it through the curriculum without learning them except for the fact that you become accustomed to responsibility in time, I mean commitments, things like that.

Sara: I think it (NSNA involvement) is so important. If you are not being fed professionalism, you are not being fed your organization, are you going to join (your professional organization) when you get out? I don’t know. Chances are, no you’re not.

Meg: It (socializing students into the profession) is pretty important and it is definitely stressed in NSNA. Even at the membership level. When you sign up to be on a committee, all of the assets that go on with being a professional and being responsible and keeping appointments and representing yourself goes along with that.

Summary

The processes of learning, as well as the content of learning within NSNA, are identified and exemplified. Two processes, involvement and experiential learning, are tagged as factors in NSNA learning. Faculty have some difficulty articulating how to determine what is learned in NSNA, but they also caution that measurement of learning may have to occur following graduation from the nursing program. According to the key respondents, some of the same skills
developed within NSNA can be developed in other organizations. A wide range of skills, knowledge and values (including professionalism and professional socialization), are documented as learned within the NSNA. Although internalizing what was learned in NSNA is perceived as important to the key respondents, the students define internalization of learning in differing ways.

**Values in Nursing**

This theme includes descriptions of values important in the nursing profession, along with interpretations of how values are taught in nursing programs. Perceptions of the relationship of NSNA to the professional identity value are included. The seven categories composing this theme are: 1) values important to faculty, 2) how faculty instill values in students, 3) reaction to "values systematically planned in the curriculum", 4) faculty decisions about values, 5) definition of professionalism, 6) nurses lack a professional identity, and 7) NSNA’s relationship to professional identity.

**Values important to faculty**

Faculty identify many important values in their respective nursing programs, running the gamut from accountability, to ethics and confidentiality, to caring, to
development of self, to commitment and professionalism. In the words of the faculty,

Caring, very definitely caring, competency responsibility, accountability. Certainly the value of being part of a profession and all that that entails. What are characteristics of a profession? How does a profession differ from an occupation? Part of that is being a member of your professional organization. Being a contributing member.

I see development as a value, development of self as well as ongoing development. It is just another phase. They (students) have to look at development of their clinical knowledge over time. They have to look at the development of their professional knowledge over time.

I also see development of communication skills—and I think the accountability issue. The confidentiality issue, whether it is with patient care confidentiality or working with each other and in that office (of NSNA) and what are they doing? The discretion of information and the timeliness of its release.

I also believe very much that students have the usual values of caring.

Professional socialization. I don’t know whether you would call it a concept or a value, but I think it is very important that students are socialized. What I mean by that is that they are not just an individual practitioner, but they are a practitioner who belongs to a group of practitioners.

Ethics.

Professional values—I don’t know that we
have used that term though. Maybe I would say professional behaviors in the sense of the emphasis on research and leadership kinds of abilities and commitment to the profession—commitment to the profession in terms of furthering education, obligation to help new practitioners, belonging to the professional organizations, being politically active.

Commitment, creativity, critical thinking, cultural responsibility, global awareness, professional excellence and scientific understanding are from the university (mission statement) and, of course, they fit in nicely with what nursing believes anyway and always has.

Caring would be a value. That is in every single undergraduate clinical course objective I am sure. Caring for self, patient, colleagues, peers.

Accountability for their own actions.

(In terms of professionalism) How they address their peers. How do they work with their peers?

In our course, there is leadership in what is called ‘other profession groups’.

We begin with confidentiality—

How faculty instill values in students

Faculty are asked about how (the processes) they teach and instill values into nursing students. Role modeling is frequently mentioned in each faculty group. Dialoging with students about values is also discussed, as is learning through formal assignments and evaluations.
Hopefully some of that (values) is taught from role modeling (by faculty).

The instilling part I think is calling to their remembrance what they have studied in the textbook, what they have observed in various areas, and reframing things so that they pull out of what they are seeing and what they are hearing and what they are experiencing with those values.

It (learning values) is a collaborative process and everyone of us is a learner, including the teacher. I am not the end all and be all. We learn together.

It is important to be a good role model.

We have just made it (professionalism) part of every course (in the nursing curriculum) all the way through.

They (students) do histories on each other so they are finding out a lot of personal history that stays within that learning relationship rather than just general conversation (referring to confidentiality).

We have actually put it (confidentiality) in the course outlines. It is 'What is said in the classroom stays in the classroom.'

Even in the tech courses, we talk about some of the ethical standpoints as far as accountability and confidentiality, as far as professional issues and responsibility.

We look at professionalism as something that is built throughout the curriculum and it starts at the freshman level.

I think it (teaching values) hits every course—particularly the clinical courses but even our non-clinical courses like the issues course.
I can’t imagine not using it (values) in any setting. To me it is such an important part of what I do, and I think most people probably agree. It is so important. You can bring it up, talk about it, role model it whenever you can.

I would really like to underline role modeling. I see students now talk about the advisors (NSNA) and how they handle situations. It may not be ‘Wow, look at the way they did this.’ It factors in to how they (students) do it the next time.

When they (students) see faculty involved in different things, I think that sets a tone.

We (faculty and students) talk about how you dress. Real interesting dialog, what you can talk about and what one person thinks is acceptable and another doesn’t.

We hit a lot on expectations—talking about being on time and if you are not able to come, letting the appropriate person know. It is not professional to not show up or not be on time.

Reaction to "values systematically planned in the curriculum"

The responses in this category reflect faculty responses to a conclusion made by Elfrink and Lutz (1991) that values education in nursing is not systematically planned in curriculums and tends to be taught informally. Faculty have diverse opinions about this conclusion.

I think a lot of that (values education) is inherent. We (faculty) have just been doing this, living and breathing and being this way. It becomes such a part of us—
think we need to stand back from time to time and reflect.

In our curriculum, it (values education) is conscious as well as unconscious. I do think that we speak of specific values and that we do role model those values consciously and hopefully the rest of the time we are modeling that.

Yes and no (Is the editorial true in your nursing program?) No, you are not going to see it (values) written explicitly in every course outline. But I think you will see issues dealing with accountability, some of those key words. But again, if you are looking for us to systematically say, 'this is the thread and we pull it through', no I don’t think you would see that. I see it some formal and some informal.

I wouldn’t say it (values education) was informal because it has specific objectives within each course.

I think there was an attempt to make it (values education) systematic. We have threads and some of the threads deal with for example, ethics, or legal issues and they were threaded throughout the curriculum.

We (faculty) haven’t outlined exactly what that (values education) means. We have an idea but it is not down. I think we have a hard time evaluating whether we have done that (values education).

When faculty start talking (about values), interpretation tends to be much more individualized.

(Values education) starts in 090 (first nursing course) on how their values play into how they feel about a situation.
Faculty decisions about values

In this category, processes faculty use to decide on important values are related. Dialog with other faculty, whether informally or through a formal mechanism, is identified as the most common method to make decisions about values.

We are a small faculty so we are discussing it all the time whether at a formal meeting or and informal meeting.

We looked at how does baccalaureate education differ from other nursing education and what kinds of differences do we want our students to have? A big piece of that is the professionalism issue.

We have just rewritten our curriculum. The philosophy has certain values in there and we made it part of our obligation to follow through on those.

It (deciding values) comes up when we are looking at the total curriculum. ‘Well, we seem to be a little short on ethics—we really covered that’. It is not a static (process).

We seem to dialog about that (important values) every year and not just at an appointed time, but it comes up too if there are problems.

Definition of professionalism

In this category, the professionalism value is discussed as a concept. Since the literature review
revealed many differing definitions professionalism and its characteristics, I ask respondents to articulate their meaning of professionalism when they mention it as a value.

Sara: Political action is part of professionalism.

Allison: It (professionalism) is easier to see and internalize as we go out with a preceptor role. How our preceptor interacts with people... Professionalism is a hard thing to teach.

Mike: (Defining professional demeanor) It is how you carry yourself—just the way you talk. You have to treat yourself as a professional, assume certain responsibilities of being professional. I have become a lot—developed rapport with certain instructors and advisors through showing respect and carrying myself as a professional. The more professionalism you show, the more respect, the more responsibility that is given you. Also leadership and commitment and your general attitude toward other nurses (demonstrates professionalism).

Meg: When you are learning about professionalism in (beginning nursing course) it is the one concept that you are not really understanding.

Abby: I am sure you could get 32 different definitions on what professionalism is. Nobody ever defined it, it is just something that they (faculty) started throwing at us and everybody had to figure it out on their own. We (NSNA officers) all do our best to be professional, but I don’t know if it has ever been defined—being responsible, being on time, respecting your leaders, respecting your professors. The way you talk to people. You have to be articulate, relate to that person on their level. The way you dress,
the way you handle situations. These are all things that go into being professional.

**Nurses lack a professional identity**

Key respondents verbalize thoughts about whether currently practicing nurses lack a professional identity. They react to the Lewis (1979) editorial (see Chapter Three for entire quote).

**Abby:** I think some nurses short change us because they don't want to put in the time (to the profession) and they don't see the importance of it (membership in the professional organization). 'So what if we are a profession? I want to go and do my job and make this much money and come home.' They don't see the importance of being a profession, being recognized as a profession in society.

**Mike:** It bothers me that there is so much animosity, lack of professionalism (in the clinical areas). People complaining but not doing anything about it, which to me is total lack of responsibility and leadership and professionalism in a sense. (agreed with Lewis editorial stating 'Nurses are not committed to nursing')

**Kate:** If you are not a member of an association you are not going to go anywhere. Being involved (in professional organizations) you will grow more as a person.

**Allison:** I think many people don't see nursing as a profession in itself. They see it as part of hospital care.

**Sara:** (Agrees with the Lewis editorial). The more nursing is going to grow, the
more people need to be contributing. Not just for the sake of 'Give me your money' but for support. You know, 'United we stand'. Collaboration of all nurses should be put forth to the better of nursing as a career. If you are a nurse and you don't belong to your professional association, how are you contributing?

Meg: We (Abby and Meg) were discussing how shocked we were that nurses were not involved in their professional organization. If you graduate from med school, you are part of it (professional organization).

NSNA's relationship to professional identity

Students describe how NSNA fits into the Lewis (1979) editorial.

Mike: I think if people were more involved in professional organizations, they would foster that sense of commitment and leadership. I know it has helped me.

Allison: I think they (NSNA members) could see (through NSNA) how nursing as a profession could impact--how nurses themselves could impact the community or make changes.

Abby: It seems like there is a lot of apathy out there whether belonging to student organizations or voting for president.

Summary

The first four categories in this theme reflect faculty perceptions about values in nursing education. Although a couple of the faculty indicate they think values are
systematically planned in the curriculum, several others proclaim that values education is inherent and difficult to identify within the formal curriculum.

The last three categories consist of key respondents’ thoughts about the professionalism value and how it relates to practicing nurses and to NSNA. Overall, the students feel the concept of professionalism is multifaceted and difficult to grasp; however, many are able to articulate behaviors that they perceive demonstrate professionalism. The students also agree that practicing nurses lack a professional identity.

**Perceptions of NSNA and Its Tie to the Nursing Curriculum**

Categories in this theme revolve around perceptions of the tie of NSNA to the nursing curriculum and interpretations of how factors within the formal nursing curriculum relate to the NSNA. The categories are:

1) perceptions of a formal tie of NSNA to the curriculum,
2) perceptions of an indirect tie of NSNA to the curriculum,
3) perceptions of few ties of NSNA to the nursing curriculum, and 4) how to change NSNA relationship to the nursing curriculum.
Faculty and students give examples of how NSNA is formally incorporated into the curriculum. According to the faculty:

(In one nursing course) they have to do some assignments within the organization. There are questions on how they (NSNA officers) treat one another, how they present themselves, what is their leadership. Just beginning to get them to think about those types of issues. It is mainly getting them to look at dynamics, communication skills and professionalism issues. She (faculty) collects those (assignments) and gives feedback on those questions.

If they (students) miss a meeting (NSNA), they have to do a makeup—and come to the executive committee to observe the dynamics of the planning.

I think every second semester they (NSNA members) have their co-sponsor (educational event) with another nursing organization. There is a link by the clinical courses that in some ways encourages participation. I think most of them (students) do attend.

NSNA can be one of the things that they attend (to receive class credit) for a professional nursing organization meeting.

Students at the small university are aware of the freshman requirement to attend and critique NSNA meetings. They are positive about the requirement and how it promotes NSNA.

Kate: They (freshmen) keep a journal of what went on in the meeting. It is for one of the freshmen nursing classes.
Allison: They (freshmen) have to answer so many questions about each meeting. A faculty member relayed to me the positive comments she had received (from the freshmen).

Sara: The freshmen are required to go to the meetings. Actually, that was one of the suggestions I made to the Dean when I first started getting involved (in NSNA). I said, 'We need to get these freshmen involved right away.'

At the large university, respondents talk about a beginning nursing course that once gave professional points for NSNA involvement.

Meg: In (the beginning course) they really emphasize professional organization involvement and they (students) get professional points. The way to earn these points is for one to be a member. To be an active member, they get more points.

Abby: The new professor is not offering extra credit for membership or for attending the meetings. We can see that dip in our (NSNA) participation.

Perceptions of an indirect tie of NSNA to the curriculum

In another way of viewing NSNA and the curriculum, students proclaim a relationship between the two exists, but somehow they see it as nebulous, not formal, more of an aside than a strong element in the curriculum.

Abby: They (faculty) will give us 3 minutes before class if we (NSNA) have an announcement or they will assist people in finding alternate clinical times if they are at convention (NSNA). But they don’t
necessarily come out and promote us like they maybe could. I don’t really see a direct relationship between the content and the theory.

Mike: The dean has been receptive to any of our ideas--like we are changing uniforms now. She has helped us set up meetings. They (faculty) let us make announcements in class.

Meg: We (NSNA) have a member who serves on academic council where they talk about the different curriculum changes--we can offer suggestions through that person.

Allison: Each class has a student rep and the faculty will gladly make announcements for us (NSNA). But I think after the freshmen year the tie between the curriculum and NSNA--I don’t think is really as strong. I think they (faculty) are trying to develop more right now (curriculum related to NSNA past the freshman year).

Faculty reiterate the student responses.

Students (from NSNA) come to my course (beginning level nursing) three or four times a semester. ‘This is what we are doing, why don’t you join us?’

Student representatives (from NSNA) sit as ex-officio members of the Academic Council. They can participate, they can report back to their peers.

I don’t recall that that (formal tie to the curriculum) is true in any other course where we actually pull out something relative--I think it is all underlying and again inherent. There are some indirect tie-ins to the professional organization. I wouldn’t say specifically to the student organization other than to again get at
that idea of involvement—how you can impact in terms of involving yourself as a professional.

Perceptions of few ties of NSNA to the nursing curriculum

The third category of this theme reflects key respondents' thoughts that there are few ties of NSNA to the nursing curriculum.

Mike: They (faculty) don’t really address the organization at all in lectures except for the nursing overview class. I’m not sure they really think about it—If they do, they have never really related they actually consider our organization.

Abby: I would say that there are not a lot of references made it NSNA (in class).

Meg: It would be nice if the faculty just happened to emphasize that there is a student organization. Besides that course (beginning nursing course), we (NSNA) are not brought up anywhere else throughout curriculum.

Kate: I think at this point (senior year) the instructors really don’t bring it (NSNA) up anymore. I don’t know why they don’t, but they (instructors) don’t really promote the local association.

Allison: I can’t recall the curriculum really coinciding with NSNA—that is kind of a separate thing. After the freshman year it kind of dwindles away.

Sara: I feel like it (NSNA) is a separate life (from the rest of the curriculum).
How to change MSNA relationship to the nursing curriculum

Interestingly, it is the students (key respondents) who have many ideas about how to tie NSNA into the curriculum in a formal way. They speak at length about their ideas.

Sara: I think 'How to be competent in a professional organization' is another part of our learning that should be in our curriculum. I think NSNA would fall into something like that. Just like we are taught to administer medication--how we are taught is how we are going to do it. Maybe the tech courses (to teach this) because it is another skill nurses need to have. Because the tech courses are consecutive type classes, students could learn about the different parts of the association. I think it (NSNA) should be part of the curriculum for every student nurse throughout school.

Allison: We could develop something with students that each meeting you attend accumulates so many points toward maybe a credit or something toward graduation. Time you put in would be rewarded in the end.

Kate: (If I could design a curriculum) I would probably make it a requirement to go to all the meetings and maybe be a member of a planning committee. Also have them do a journal or something to give the board feedback on what we can do to improve the association.

Abby: Maybe we (NSNA) would get better participation if it (attendance) was required at first--then that would spark the interest and they'll say 'This is worthwhile, I want to keep going on a volunteer basis.' It is unfortunate but there has got to be an incentive--maybe
a requirement each semester. Sometimes I wish I were getting more credit for it, because it seems like I am here more for meetings and other things to do with NSNA than I am for class. The only class I can see them integrating into our organization is the leadership and development class. Since I haven't had that class, I don't know if they mention us (NSNA). Hopefully most people know by the time they get there (taken the last semester).

Meg: I guess I really do not know what kind of changes I would like to see in the curriculum. Students get these points for meetings, but that is it. They go and sit in the meetings and they leave. They don't want to do any extra help on committees. I think you can reach two or three people and they get involved.

Mike: I think there is almost a con—a con and a pro at first (to formal connection of NSNA to the curriculum). Someone might not be receptive to being forced to do it (be involved). So their presence may almost hinder the organization. The pro—involvement would go up. People would get something positive out of it. If there was a way to work out students having to do projects for class papers so that they are not necessarily being forced to be part of the organization, but they are being forced to perform something through the organization. That way we would still get the exposure to all of the students and eventually get the ones who want to be part of the organization.

Summary

This final theme reports on respondent thoughts about the nursing program curriculum and how the program relates to the nursing student organization. The formal tie to the
curriculum exists, but, according to the respondents, it is most firmly connected at the small university and, then, almost exclusively at the first year nursing level. The indirect tie to the curriculum is exemplified through students making NSNA announcements during classroom time and student representatives (from NSNA) sitting on the curriculum committees. After the entry level nursing courses and especially during the senior year, every one of the students state there are few NSNA ties to the curriculum. Students are creative and astute as they express their ideas on ways that NSNA could be incorporated into the nursing curriculum. They are able to articulate the pros and cons of connecting NSNA firmly to the curriculum. It is clear from their responses that the students have given the relationship of NSNA and the nursing curriculum a great deal of thought.
CHAPTER FIVE

INTERPRETATION OF RESULTS

Introduction

In Chapter Four, results were described and summarized through emergent themes. In this chapter, results are discussed and interpreted in light of the research objectives and corresponding questions presented in Chapter Three; further, results are examined for their relationship to the two nursing program sites. Findings are also interpreted according to previous research/theory discussed in Chapter Two. Similarities and differences are discerned. The chapter concludes with a summary of the interpretations.

Interpretation According to Research Questions

The purpose of the study was to understand how, or whether, student experiences within NSNA relate to internalizing the culture and values of the profession. Research objectives were: 1) to describe and discuss the meaning of the NSNA for baccalaureate nursing students, 2) to describe and discuss the professional culture and values of the nursing profession learned and internalized from experiences within NSNA, and 3) to describe and discuss the meaning of the NSNA for nursing curriculums. Each of the research objectives, along with its corresponding questions,
are addressed according to the study’s findings.

The meaning of NSNA for baccalaureate nursing students

There were six questions corresponding to the study’s first objective. A discussion of results related to each question follows.

Perception of NSNA purpose

Several key respondents, as well as nurse educators, perceived NSNA exists primarily to promote professionalism, particularly in the early stages of a student’s quest toward a nursing degree. For example, more than one faculty proclaimed that student NSNA involvement needs to begin early in the nursing program. There were some additional explanations for the purpose/s of NSNA—to promote a sense of identity for nursing students throughout the campus, to promote leadership, to prepare students for participative management, to empower students to have input into their education, and to serve as a political entity for nursing students.

NSNA was equated by the key respondents as the professional organization for students. They used such statements as "we (as students) need to get started in that professional organization--NSNA is our professional organization." Another way respondents conceptualized the purpose of NSNA was as a "professional clinical" or as a
non-traditional learning arena for learning professional skills. In the words of one faculty, "it is a laboratory for learning how to be a professional."

Reasons/influences for student involvement Two questions are considered together here since there is considerable overlap in the findings—1) Why did students become involved in NSNA? and 2) Who, or what, motivated students to become involved in NSNA?

The nursing students became involved for a variety of reasons, but interestingly, four of the six came from high schools where they participated in many activities: these four cited the need for group activity (or involvement) in the nursing program—NSNA fulfilled that need. Faculty also identified students who had been active in high school, those who "value extra experiences", and those who could vision "the preparation to be a professional as bigger than them and their textbooks" as the ones who became involved in NSNA. Other key respondents became involved to experience an officer role, utilize leadership skills, or correct problems they found existed in the organization.

Key respondents also joined NSNA and eventually became officers because the organization provided benefits. Career advancement was cited several times by faculty and students
(i.e., employers look favorably on students who participate in NSNA because, "they know you have commitment").

Nursing faculty enthusiastic about NSNA and other nursing students already involved in the student organization influenced key respondents to become involved. The major event that triggered students to greater involvement in NSNA was a convention, at either the state or national level. Key respondents and faculty agreed that a convention gives students the "broad picture" of nursing they have never seen or experienced before.

The nature of involvement Key respondents discussed their own NSNA involvement, as well as perceptions about other students' involvement. Faculty also expressed their perceptions about student involvement in the nursing students association.

The nature of students' NSNA involvement was characterized as multifaceted and complex, described in many ways, ranging from 1) early involvement effects, to 2) levels of involvement (uninvolved students, moderate involvement, officer over involvement, increasing levels of involvement), to 3) processes that hinder or help students' involvement, to 4) relationships with faculty, advisors, other NSNA board members, other nursing students, the
community, and the university, to 5) activities, functions, and roles within NSNA, to 6) a part of life and the "real world" to 7) the rewards of involvement. These characterizations of involvement are interpreted.

**Early involvement**  Why early involvement?

According to respondents, the sooner students become involved the more opportunities there are for involvement within NSNA. The concept of early involvement ties into the characterization "levels of involvement" in the sense that early involvement could be viewed as a stepping stone to increased levels of involvement.

**Levels of involvement**  Respondents perceived there were layers of involvement in NSNA, from uninvolved (students who did nothing in NSNA) to over involvement (officers who tried to do everything in NSNA), to a layer in between the two (moderate involvement). Regardless of the level of involvement, what is striking is the very small number of students at both sites who were actively involved in NSNA. For example, at the large university respondents perceived only 30 to 50 out of 250-300 NSNA members were actively involved. In addition, NSNA membership at the large university is not required, so there are many students lacking involvement of any nature.
The many levels or "layers" of student involvement are significant in that there is no consistency in the type and amount of experiences that students have within NSNA. Also, officer experiences differed greatly from others, especially as these experiences relate to learning the broad picture of professionalism.

**Processes of involvement** Key respondents identified ways to increase student involvement in NSNA through role modeling by NSNA board members or by creating mandatory assignments within NSNA as part of the formal nursing curriculum. The key respondents, who were generally very positive about their own NSNA experiences, were concerned about getting other students involved.

**Relationships** The myriad of relationships students formed with others through NSNA were a big part of key respondent NSNA experiences. Almost always, relationships were described as positive, with many rewards stemming from the relationships--the rewards went in both directions. For example, one respondent stated, "I am trying to encourage them (students in the class behind) as the past president encouraged me to become a leader".

An outgrowth of many relationships, especially with the faculty advisors, was development of the key respondents.
Students were secure having the advisors there when needed to help deal with problems, but the advisors also worked to move the students toward making independent, responsible, and competent decisions. Thus, leadership qualities were developed through a supportive relationship with the NSNA advisors.

**Activities, functions and roles** Respondents described their roles as officers in NSNA and the activities that took place during their tenure as officers. Officers ran the meetings, with faculty advisors serving as consultants. Activities and roles consisted mostly of a listing of what the students did and how they functioned within the organization.

**Intertwined with other life experiences** Several key respondents viewed their NSNA involvement as an experience tied in with other aspects of their lives, either within the nursing classroom or within their personal lives. This was an unexpected finding, for I had not previously conceptualized that students would view their NSNA involvement from the perspective of connection to other aspects of life. For these respondents, NSNA represented something larger, more complex than a separate entity where the door could be closed on the experience at the end of the
day. These students carried their experiences into other aspects of life, such as during socialization with friends. Skills learned in NSNA also were carried into the nursing classroom where students used communication and negotiation skills they had developed.

**Rewards of involvement** The key respondents and the faculty identified many more rewards to NSNA involvement than deterrents; time was the only consistently named deterrent. Rewards took on several labels: enjoyment, a sense of accomplishment, role modeling, networking, helping other students, and career development. These students seemed to be goal oriented as evidenced by their drive toward accomplishment, yet they accomplished their goals mainly through connections with others whether through networking, role modeling or helping other students to develop within the organization.

**Learning about the nursing profession** The question was asked, How did students learn about the profession of nursing through experiences within the NSNA, or did they? There is overlap between this question and the following question asked under the study’s objective number two: How were values/culture learned through experiences within the NSNA, or were they? Therefore, the results of both of these
questions are interpreted here.

These two questions ask about the processes of learning or the "hows". Respondents articulated that learning occurred in two main ways: 1) through NSNA involvement and 2) through experiences within NSNA (experiential learning). Learning through involvement and experience are interpreted.

Learning through involvement The importance of student involvement in NSNA was emphasized by respondents repeatedly in this study, not only as an element of a successful organization, but as the route to learning. Respondents emphasized that involvement is a key to learning. For example, as one student put it, "You don’t learn within the organization (NSNA) without being in the organization—and it’s apparent they’re (uninvolved students) not."

Experiential learning Repeatedly, students stated they learned in NSNA through experience. This finding indicates that, for these students, there were no clearly defined expectations in terms of their roles within the NSNA. They had certain experiences, they learned through these experiences, and then the next time they had a similar experience, they were able to apply their knowledge learned, as one officer put it, "purely through experience".
NSNA and practicing nurses  

All of the key respondents and many of the faculty identified ways skills, values and knowledge learned in NSNA would be used following graduation. Transfer of the skills, values and knowledge took many different forms, including a commitment to join the ANA (American Nurses Association, the professional organization for nurses). This finding indicates that the role of NSNA is not finite—students plan to take the knowledge gained through NSNA and use it, for their benefit, as practicing nurses. Also, respondents mentioned transfer of skills learned from NSNA to other arenas such as the clinical laboratory and within the nursing classroom.

Culture and values of the nursing profession  

Four questions related to the study’s second objective. The second question (corresponding to the second objective) was already discussed above in tandem with the first objective. Results of the remaining three questions are interpreted.

Which values/culture learned through NSNA

Respondents identified skills, knowledge and values learned within the NSNA. Respondents related that some of what they learned within NSNA might also be learned in other places or through other experiences outside NSNA. Following is a succinct listing of the values/culture of the nursing
profession learned by key respondents through NSNA: skills included communication, problem-solving and organization, time management and delegation, and leadership (mentioned many times); knowledge entailed the ability to see the broad picture in nursing, political aspects of nursing, and self-knowledge; values included commitment, responsibility, empowerment, accountability, and respect.

The word "professionalism" summarizes much of the previous paragraph listing—respondents used the term frequently. In the words of one respondent who succinctly told me, "I go back to professionalism—it (NSNA) is socializing us into the profession as far as how to deal with our fears, how to deal with situations, how to act in certain situations. That (professionalism) is one of the most important things that NSNA does." Although the term professionalism was a difficult term for respondents to concretely define, they were able to describe characteristics of professionalism vividly through their examples.

According to the respondents, a wide range of learning, encompassing skills, knowledge and values of the nursing profession takes place within NSNA. I must caution, however, that the key respondents were all NSNA officers;
Learning and internalizing within NSNA  

Results from question three—What is the perceived difference, if any, between learning and internalizing the values and culture of the nursing profession?—are discussed here. Key respondents declared there is a difference between learning and internalizing the values and culture of the nursing profession and that the difference is important; they had various ways of conceptualizing this difference. Respondents did not dwell on this question. Because respondents viewed the difference in a variety of ways, it is difficult to discern a common response to this question other than "yes" there is a difference.

The meaning of NSNA for nursing curriculums  

The final objective of this study included three questions: What was the relationship of the nursing faculty to the NSNA? How did the NSNA, in reality relate to the nursing curriculum? and How should the NSNA ideally relate to the nursing curriculum? Each is interpreted.

Nursing faculty and NSNA  

Nursing faculty identified many values important to their respective nursing programs. When their thoughts were compared to the values
the key respondents identified as having learned through
NSNA, much overlap could be seen. For example, faculty
cited responsibility, accountability, commitment to the
profession, professionalism (socialization into the
profession), communication skills, leadership, and political
action—the key respondents identified having learned all of
these through NSNA experiences. This is a significant
finding in the sense that faculty cited these values as very
important within their nursing programs; students felt these
same values could be, and in their officer roles were,
learned from NSNA experiences.

Faculty most frequently identified role modeling (of
self) as the way to instill values into nursing students.
Faculty, however, had mixed opinions whether values
education was taught informally in their respective nursing
programs. Some espoused values were clearly identified and
taught formally within nursing courses; some thought values
education was more of an inherent process; yet others
related values education was both a formal process (i.e.,
clearly identified within the nursing curriculum) and an
informal process (i.e., "through role modeling"). Because
faculty predominantly identified role modeling as the most
common way to instill values into nursing students (a
process that I consider to be informal), there is some
disonance between that viewpoint and the position some
faculty later took declaring values education to be a formal
process within the nursing curriculum. The discussion about
values education was particularly effective in the faculty
focus groups because one response would trigger another
response (with a different viewpoint).

**Reality of NSNA relationship to nursing curriculum**

Key respondents and faculty respondents’ responses to the
question: How did the NSNA, in reality, relate to the
nursing curriculum? were divided into three categories: a
formal tie of NSNA to the curriculum, an indirect tie of
NSNA to the curriculum, and few ties of NSNA to the
curriculum.

The description of NSNA formal ties to the curriculum
was enlightening, for the literature review in Chapter Two
revealed an absence of articles detailing how NSNA was or
could be connected to the formal nursing curriculum. The
formal tie to the curriculum was perceived to exist (mainly
at the small university), but the connection was almost
exclusively at the freshman or entry level nursing course
work.

According to key respondents, an informal tie between
the NSNA and the nursing curriculum also exists (i.e., students are allowed to make NSNA announcements in class and are excused from course work to attend NSNA functions). Within the classroom environment itself, few ties between NSNA and the curriculum were identified. Beyond the beginning course work, these key respondents could think of only a few references to NSNA ever made in the classroom. In these two nursing curriculums, no formal learning experiences within the NSNA were required of nursing students beyond the entry level nursing course work.

What does this mean? There were attempts at these two nursing programs to connect NSNA to the curriculum. This attachment seemed to be an evolutionary process, as faculty dialog about what is needed in a nursing program curriculum and how and in what areas students best learn the culture and values of the profession. It is puzzling, however, that NSNA is only addressed formally early in the nursing curriculum.

NSNA’s "ideal" relationship to the nursing curriculum

Respondents were asked about the ideal relationship of NSNA to the curriculum. It was the student respondents who enthusiastically expressed their ideas perhaps because they have learned by "experience" what works and doesn’t work
within the NSNA; they have thoughts about how students can participate in NSNA within the framework of the nursing curriculum. These ideas were detailed and comprehensive.

**Interpretation According to Location of Program**

There were few differences in results that could be tracked to the individual programs. In other words, the program (large university or small private) made few attributable differences to student experiences within NSNA.

Following is a summary of differences found. One reason key respondents at the large university chose to become involved in NSNA was because they felt overwhelmed by the large university; NSNA provided them with a sense of intimacy and connection to others. At the small university students already felt connected prior to their NSNA involvement.

The small university program required all nursing students to be members of NSNA; in addition, all freshmen must complete formal assignments within the organization as part of formal nursing course work. The large university did not require NSNA membership, but individual faculty could make assignments within NSNA.

The fact that there were few discernible differences between the key respondent remarks is a finding in itself.
Examination of the themes found in Chapter Four revealed remarkable balance of responses between the two programs. Each theme had contributions from respondents (both student and faculty) at both nursing programs.

Interpretation According to Prior Research

In this section, results are examined for their relationship to the Review of the Literature found in Chapter Two. The focus is on professional socialization as a construct, research on professional socialization of nursing students, the relationship of nursing programs to the NSNA, curriculum factors (hidden vs. covert), and processes of learning outside the traditional classroom.

The Review of Literature discussed theoretical models and purported characteristics of the professional socialization construct (Miller, 1985; Miller, 1988; Cohen, 1981; Doheny, Cook, & Stopper, 1992; Pavalko & Holley; Greenwood, in Hall, 1968; Hall, 1968; AACN, 1986; Quinn & Smith). These models and characteristics differ, however, and confusion about the professional socialization construct has confounded researchers trying to interpret research results (Lynn, McCain, & Boss, 1985; McCain, 1985). During interviews, respondents in this study identified their perceptions of professional socialization characteristics,
thus providing some inductive research on the professional socialization construct. Students were asked to articulate their definition of professionalism. Responses included:

"political action; the way you carry yourself, the way you talk; being responsible; being on time; respecting your leaders; respecting your professors; the way you handle situations; the way you dress."

Although some of the key respondents were able to list characteristics, others confirmed what I found in the literature: professionalism is difficult to define. In their words, "It is the concept you are not really understanding" and, "Professionalism is a hard thing to teach."

Some cited studies failed to support the assumption that nursing students become professionally socialized, especially in the nurse-societal realm, during their time in nursing programs (Colucciello, 1990; McCloskey & McCain, 1987). Respondents in this study, however, found their experiences within NSNA provided a way to learn key aspects (knowledge, skills, and behaviors) of the nurse-societal realm. It should be remembered that the key respondents in this study represented a small number of highly involved NSNA students.
No studies were found that documented the relationship between nursing programs and the NSNA. There was also a paucity of studies that examined how experiences within NSNA might relate to students valuing professional organizations. This study provided thick, rich detail of the actual and ideal relationship between two nursing programs and their local chapters of NSNA. It also documented responses that confirm NSNA experiences have led to a valuing of the professional organization. According to one key respondent, "If you are not fed professionalism (through NSNA), if you are not fed you professional organization, are you going to join (professional organization) when you get out? Chances are, no, you're not."

According to the literature review, many of the characteristics of the professional socialization construct (i.e., autonomy, ethics, values) are not considered legitimate within nursing curriculums and may be taught haphazardly, or not at all within nursing programs (Bevis & Watson, 1989; Lutz, Elfrink & Eddy, 1991). This study found partial support for this claim as some faculty respondents perceived values education to be an inherent process; however, other faculty declared values were clearly part of the formal curriculum.
Results from this study showed support for learning through connection (Belenky et al., 1986), involvement theory (Astin, 1984, 1985, 1987) and experiential learning theory (Bernard, 1989), as processes by which students learn within NSNA (see Chapter Five, section entitled Learning about the nursing profession). Only one other reviewed study concerning experiential learning occurred outside the traditional classroom environment (Batra, 1992); no studies, until now, had been done within the NSNA.

Summary

Results were interpreted according to the research objectives and the two nursing program sites. Findings were also examined for their relationship to previous research and theory. Findings are summarized next.

Students learned much of the culture and values of the nursing profession, particularly professionalism, through NSNA. Learning in this organization occurred through three processes: experience, involvement, and connection with others (i.e., faculty, other NSNA members, other NSNA board members).

NSNA experiences were not isolated from other areas of these students’ lives. Knowledge gained from NSNA was applied and woven into other areas, from use of
communication skills in the nursing classroom to socialization with friends and family. There were attempts at both nursing programs to formally connect NSNA to the nursing curriculum; however, the connection did not exist beyond the beginning nursing course work level. Students acknowledged that the NSNA could be more firmly attached to the nursing curriculum; they freely expressed ideas on how to accomplish this task.

In Chapter Six, I include conclusions; recommendations for practice (including faculty, curriculum, and nursing students), research and policy; and concluding thoughts.
Conclusions and Recommendations

In this chapter, I make judgements regarding the findings. Ten concluding statements are presented along with discussion applicable to each statement. Recommendations for practice (faculty and students), research and policy are presented, followed by a summary of my thoughts about this study.

Conclusions

What can be said about student experiences within two local NSNA chapters, and how do these experiences relate to the culture and values of the nursing profession?

1. The level of student involvement in NSNA makes a difference in the type and amount of learning that takes place. Actively involved students (in this study defined as holding an NSNA officer or committee chair position) have the most opportunities and the volume of experiences to learn the culture and values of the nursing profession. Through these opportunities and multiple experiences, officers are able to see the "broad picture" or the societal realm of nursing that other NSNA members may never receive. The respondents in this study perceived that students who have no NSNA involvement, or even those students with
moderate involvement, lack consistent experiences that could lead to an indepth understanding of the nursing profession’s culture and values.

This finding supports Astin’s (1984, 1985, 1987) involvement theory in which he purports undergraduate students with greater involvement experiences achieve a greater amount of learning and personal development than the uninvolved student. According to Astin’s theory (1984, 1985, 1987), which draws on the person-environment interaction model, the NSNA could, indeed, be viewed as an alternative environment to the traditional classroom as a domain for learning.

2. A very limited number of nursing students (those actively involved) learn the nursing profession’s culture and values through NSNA. Lack of time is the biggest deterrent to student involvement. Requiring NSNA membership at the small university has not resulted in a large group of actively involved students. Over involvement by officers, evidenced by not delegating enough or facilitating student involvement, plays a role in inhibiting other students from becoming actively involved. Faculty who do not value NSNA, as evidenced by their failure to support student ventures within the organization, may also discourage active
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involvement.

As a result of the factors discussed above, few students in these two programs learn about nursing's culture and values through NSNA—if they do learn these aspects, particularly professionalism, the vast majority of nursing students learn it elsewhere (for example, within the formal nursing curriculum or through faculty role modeling in the clinical and classroom areas).

The literature review in Chapter Two identified the small percentage of eligible nursing students (less than 14%) holding membership in the NSNA (J. Larkin, Executive Assistant to the Deputy Executive Director of NSNA, November, 15, 1993; NSN, 1993). There were no identified studies, however, that further delineated the number of "actively involved" students; nor were any studies found that singled out reasons why students were not actively involved in NSNA. This study provides rich detail from respondents who describe reasons why nursing students are inhibited from becoming actively involved in NSNA.

3. Participation in the NSNA convention is the single most important NSNA activity that helps students learn about professionalism and professional organizations. Students identified state and national convention attendance as a
trigger event that opened their eyes to the possibilities of learning within NSNA. Convention experiences give students the broad picture of nursing, including the political force that a large group portrays; facilitate students visualizing the structure and actual workings of a professional organization; and allow members to network with other students from across the state and nation. Following a convention experience, students are likely to become actively involved in the local chapter of NSNA.

No formal nursing studies, aside from this one, have documented the primary importance of the NSNA convention as a way to learn about professionalism and professional organizations. There have been anecdotal situations where students were required to attend a state constituent convention of the ANA (Hettinger, 1992); however, I make the assumption that attendance at an ANA convention is a very different experience from attendance and participation in a student run organization--the NSNA.

4. The chief routes through which students learn in NSNA are: experience, involvement, and connections to others. These three routes summarize the "hows" or the key processes by which learning within NSNA occurs.

In the first route, it is "purely through experience", 
that officers learned about problems and how best to solve the problems and run the organization. The scenario went something like this: the student had an experience that he/she was unfamiliar with, he/she learned from the experience and then the next time a similar experience arose, he/she had the knowledge to handle it.

Another route to learning is through involvement. Involvement in NSNA was felt to be directly related to the amount and type of learning that occurs. More involved students learn via role modeling, observation, listening and interacting with others who can give them knowledge about the profession of nursing and the workings of a professional organization. To summarize, according to one key respondent, "You don’t learn within the organization (NSNA) without being in the organization."

Connections to others (nursing faculty in the classroom, faculty advisors, other nursing students and other NSNA board members) is the third route through which students learn. These connections, or relationships, when perceived as positive, are important avenues to developing the students and contributing to their knowledge base.

The three identified routes to NSNA learning:
1) experience, 2) involvement, and 3) connections to others
are all supported in the literature review as effective ways students learn. These three routes of learning are outside the traditional instructional methods of teaching students, such as through lecture and reading. This study supports research that shows the more effective ways of teaching promote active student involvement in the learning process (Pascarella & Terenzini, 1991; Terenzini & Pascarella, 1993); further "connection to others" as a way of learning is also confirmed in research studies (Belenky et al., 1986; Terenzini & Pascarella, 1993). Burnard (1992) concluded experiential learning was active rather than passive, a statement which the respondents in this study agreed.

5. Viewing NSNA as a "professional clinical" arena is a useful way to understand its meaning for nursing students. In nursing programs, clinical arenas such as hospitals and extended care facilities are universally utilized; students have experience putting theory learned in the classroom into practice. Some students and faculty viewed the NSNA as yet another clinical arena designated for students to put professionalism into practice. The difference between hospitals, for example, and the NSNA as clinical arenas is that hospitals are traditionally accepted learning laboratories with virtually all nursing programs using them;
the NSNA is a non-traditional arena. Designating NSNA as a clinical arena for learning professionalism gives the nursing student organization legitimacy and attachment to the nursing program. This is a new finding, not suggested in the nursing literature.

6. **Students learn, and in many instances internalize, a wide array of skills, knowledge, and values of the nursing profession from participation in NSNA.** Actively involved students learn: A) skills, which include communication, problem solving, organization, time management, delegation, leadership; B) knowledge, which entails the ability to see the broad picture of nursing, political aspects, and self-knowledge; and C) values, which include commitment (to the nursing profession and the professional organization), responsibility, empowerment, accountability, and respect. The word "professionalism" summarizes much of what students learn in NSNA.

Much of what the respondents learned in the NSNA is part of the professional socialization construct described in Chapter Two (Miller, 1988; Cohen, 1981; Pavaiko & Holley; 1974, Hall, 1968; Quinn & Smith, 1987). The main characterization of professional socialization construct that did not emerge from this study was autonomy. Key
respondents did not mention autonomy was learned through the NSNA. I speculate perhaps this is because the NSNA faculty advisor was always available to help the officers when needed; they were not completely independent in their roles as officers.

Internalization was defined in Chapter One as "a process whereby the values and norms of nursing are transformed into one’s behavior and self-conception."

Students gave many examples of how what they learned in NSNA became part of their nature and behavior.

7. Many of the values faculty cite as important outcomes for graduates of nursing education programs can be learned within the NSNA. Nursing faculty identified many values important for students to learn in their respective nursing programs. When faculty thoughts are compared to what the key respondents learn within NSNA, much overlap is discovered. Faculty relate responsibility, accountability, commitment to the profession, professionalism, communication skills, leadership, and political issues—all of these are also cited by the students as values, knowledge and skills that can be learned through the NSNA.

This finding illustrates there is compatibility between what faculty describe as important outcomes for nursing
students and what is learned within the NSNA. Once again, NSNA can be viewed as a non-traditional learning arena for learning these outcomes.

8. Students "weave" the knowledge gained from NSNA into other learning experiences, both within the nursing program and within their personal lives. Students transfer much of what is learned in NSNA into other areas of their lives; as a result, NSNA experiences become intertwined with other experiences. This "weaving" is mostly a back and forth process, working much like a loom, where students acquire skills in NSNA, take these skills effectively into the classroom for example, and then take skills learned in the classroom back into NSNA.

Again, this finding is not addressed in the nursing literature, but is significant in that the NSNA experiences provide advantages to students within the nursing classroom. This finding also illustrates the complexity of the learning processes and outcomes that occur through NSNA.

9. After the beginning nursing course work, NSNA is rarely documented in the formal nursing curriculum. These two nursing programs do have a formal curriculum attachment during the early phases of the required course work. However, there are few, if any, formal attachments in the
more advanced nursing courses. Most of the students perceived NSNA needs to become more connected to the formal nursing curriculum to facilitate greater numbers of students benefiting from NSNA experiences. These students have many ideas about how students can participate in NSNA within the framework of the nursing curriculum.

The literature review fails to document NSNA as a part of the sanctioned, formal nursing curriculum. Thus, the finding in this study that there are some formal attachments of the curriculum to the NSNA in these two programs is somewhat surprising. Even with early NSNA attachment to the nursing curricula, much of the student experiences in NSNA in this study confirms that the organization is part of the "hidden curriculum", immune from scrutiny (Pitts, 1985).

10. Student experiences and learning outcomes within the NSNA are similar regardless of the type of nursing program (small, liberal arts university or large, public university). Each theme described in Chapter Four has contributions from students at both nursing programs. This suggests that there are common experiences within the local NSNA chapters at these two programs that are important to learning the culture and values of the nursing profession. The value of common experiences is emphasized in the nursing
literature in which nursing programs are being called upon to focus more on processes and outcomes, especially when helping students to develop values that are essential to professional nurses (Valiga, 1988).

Recommendations for Practice

Recommendations for practice are made to the faculty and students at the two nursing program sites in this study, the large public university and the small private university. The reader of this study will determine the transferability of these recommendations, as well as the findings, to other nursing program sites (see Chapter Three for a discussion of transferability). The reader is also reminded that the results of this study are based on responses from students who were actively involved in the NSNA.

Recommendations for faculty

Faculty at the two program sites should decide whether or not the NSNA needs to become more firmly attached to the respective nursing curriculums, and if so, how this should be accomplished. Attaching NSNA to the nursing curriculum will legitimize or formalize its existence within the nursing programs and provide consistent experiences for all nursing students as a way to learn the nurse-society role.
Calling NSNA "a clinical arena for professionalism" is a first step toward formalizing its existence as an important part of the curriculum.

Findings from this study provide clarity through documentation of what students actually learn within NSNA. The documented values, knowledge and skills reported in this research provide structure for faculty assigning experiences within NSNA. For example, since problem-solving and communication skills were identified as learned in NSNA, students might be assigned to a committee in which they needed to problem-solve and communicate effectively in order to accomplish a task. Perhaps they could keep a journal reflecting on how the problem-solving and communication skills improved through such an assignment.

If faculty decide to change its curriculum, suggestions from students actively involved in NSNA (found in Chapter Four) could be considered. Some of these suggestions are:

1. Because the tech courses (at the small, liberal arts university) are consecutive type classes, students can learn about the different parts of the association (NSNA) in these courses. Assignments within NSNA should be made within every tech course. This way, NSNA will be a part of the curriculum for every student
nurse throughout the nursing program.

2. Each meeting the student attends, he/she accumulates so many points toward a credit (within a required nursing course). The student may submit a journal or formal paper documenting what happened during the meeting and discussing what he/she learned from the meeting.

3. It should be a curriculum requirement for students to attend all the general membership meetings of NSNA. Students must also be a member of an NSNA planning committee, such as the finance committee or a community service committee. Students will keep a journal of their experiences and suggestions for the good of the organization. The NSNA will receive this feedback.

4. Require students to participate within NSNA during the entry-level nursing courses either through mandating attendance at meetings or keeping a journal of observations (i.e., What characteristics of professionalism are seen during the meetings?) or assign a requirement in NSNA (such as chairing a committee) each semester the student is in the nursing program.

If faculty choose to incorporate NSNA more formally
into the curriculum, they also need to consider the three routes to NSNA learning (experiences, involvement, and connection to others) when making student assignments within the organization. Collaborative projects, in which students work together, facilitate involvement and connection to others. Consideration should be given to ways that facilitate all nursing students’ participation in NSNA conventions. Dismissing nursing classes during the scheduled convention time so that all students can attend is one way to facilitate participation.

At the very least, faculty choosing to leave their curricula unchanged should continue to be motivators for students to become involved in NSNA. Faculty at both programs were highly praised for their support of NSNA and they are commended for this. Faculty should continue to excuse students from class and clinical in order to attend NSNA functions and allow NSNA officers to speak to formal classes about the organization.

Recommendations for nursing students

Since students in this study have many suggestions for NSNA to be attached to the curriculum, they should approach faculty about these ideas. In addition to trying to achieve a formal link of NSNA to the curriculum, students can use
the findings of this study (see Chapter Four) to avoid officer over involvement and increase involvement of the general membership.

Students should promote NSNA as a professional clinical arena to give the organization an identity of importance. The NSNA conventions should be highly touted as important experiences for students; ways to take the entire membership of the local chapter NSNAs to the convention/s should be explored.

Findings can also be used to help socialize officers to their roles within NSNA. For example, during orientation, new officers should be told to use their connections to advisors and other members of the NSNA board. A typical board meeting is described in Chapter Four.

Recommendations for Further Research

From this study, a number of questions arose that could be studied by other investigators. These are:

1. What are the perceptions of students who are moderately involved in NSNA? How are they different or similar to the perceptions of the actively involved students in this study?

2. What are the perceptions of students with no NSNA involvement? How are they different or similar to the
perceptions of the actively involved students in this study?

3. Of the students who were active members of NSNA chapters, what percentage of them join the professional organization (ANA) following graduation? Did NSNA experiences influence their decision to join ANA?

4. Are there nursing programs that have more formal attachments of NSNA to the curriculum than the two programs studied here? If so, what are these curriculums like and what is the impact on students learning the culture and values of the nursing profession?

5. Of the students who are purported to learn professionalism outside the formal curriculum and outside the NSNA—how does this process occur? What were the experiences that facilitated this process? Would these students fail to benefit from NSNA experiences?

6. How are experiences in NSNA similar or different from experiences in other career-based student organizations (i.e., engineering or education student organizations)? What type of learning occurs?

7. Aside from faculty requiring mandatory experiences
within the NSNA, are there any other ways that will involve all students in the organization?

8. What is the meaning of NSNA experiences following graduation from baccalaureate nursing programs? How do these experiences actually relate to internalizing the culture and values of the nursing profession?

9. What are the thoughts of faculty who are peripheral to the NSNA (i.e., not in NSNA advisor roles, entry-level nursing course faculty, or on nursing curriculum committees) about what students learn through NSNA? How should NSNA be attached to the formal nursing curriculum?

10. If faculty role modeling (an informal process) is identified as the most frequently used method to instill values in nursing students, how does this relate to the view that values education is a formal process within the nursing curriculum?

11. What are the perceptions of nursing students from differing ethnic, religious and sexual preference backgrounds of the type and amount of involvement and learning that occurs within NSNA? Since a paucity of research exists in relation to the meaning of NSNA, more qualitative studies need to be done in
this area. Other nursing programs with NSNA chapters need
to be studied to provide more thick, rich descriptions of
what is learned in NSNA and how it is related to the culture
and values of the nursing profession.

Recommendations for Policy

Formal curriculum policies are recommended that
describe how NSNA is attached to each of these nursing
programs. If curriculum policy about NSNA is formulated,
the role of the NSNA will be legitimized in how the
organization contributes to the education of nursing
students. In addition, policy can be viewed from a global
stance. The American Nurses Association, for example, has
an education committee; this education committee should
examine its policies concerning nursing curricula and the
relationship to nurse-societal obligations. Policy
statements about the value of NSNA in nursing curriculums
and its degree of formal attachment to nursing programs
should be considered.

One of the purposes of the NSNA, as discussed in
Chapter One, is "to assume responsibility for contributing
to nursing education in order to provide the highest quality
health care" (Piemonte, 1982, p. 15). At conventions,
nursing students serving as delegates should consider
resolutions that advocate formal curriculum policies related to NSNA as an arena for learning professionalism.

**Summary of Thoughts**

Since actively involved students are learning a wide array of the culture and values of the nursing profession through NSNA, faculty must notice and take steps to give more students the same or similar opportunities. The perceptions of six NSNA officers, along with eight nursing faculty, were included in this study to understand NSNA student experiences. If faculty feel that education within the nurse-societal realm is important, and in this study they do, NSNA experiences can provide an important route to learning in this realm. Appropriately termed a "professional clinical" area, NSNA is a non-traditional way for students to learn professionalism. Mike summed it up this way, "If you think about it, professionalism is a skill. It is going to look quite a bit different than taking blood pressures and doing dressing changes, but it is a big part of nursing."
REFERENCES


APPENDIX A

INTERVIEW SUMMARY FORM

Investigator: Interview Type:
Institution: Respondent Name/s:
Date of Contact:
Today’s Date:

1. What were the main issues or themes revealed in this interview?

2. Summarize the information obtained on each of the target questions for this contact.

3. What else was salient, interesting, illuminating or important in this contact?

4. What new or remaining questions should be considered in the next contact?
APPENDIX B

DOCUMENT SUMMARY FORM

Investigator:
Institution:
Date:
Name or description of document:

Event or contact with which document is associated:

Significance or importance of document:

Summary of contents of document:

What were the main issues or themes that struck you in this document?

Questions regarding or generated by the document:
APPENDIX C

CATEGORIES OF DATA: SET ONE

01 Nursing student background
02 Nursing faculty background
03 History of NSNA: local chapter
04 Enjoyment of officer role
05 Enjoyment of NSNA as an organization
06 Expectations of NSNA
07 First exposure to NSNA
08 Motivations/influences on involvement
09 Involvement effect on resume/employment/scholarship
10 Early involvement effects
11 Officer over involvement
12 Small group of actively involved students
13 Uninvolved students
14 Moderate student involvement
15 Increasing levels of student involvement
16 How involvement affects learning in NSNA
17 How to get more people involved in NSNA
18 NSNA becomes part of life
19 NSNA as "the real world"
20 NSNA as a professional organization
21 NSNA convention experiences
22 NSNA helping other students
23 Networking
24 Role modeling
25 University support of NSNA
26 Reward of accomplishment/acknowledgment
27 Community relationship with NSNA
28 Role of officers/board members
29 Feelings of officers/board members
30 Relationship of officers to other board members
31 Relationship of officers to other nursing students
32 Relationship of officers to faculty advisors
33 Difference between officers/committee chair experiences and other NSNA members’ experiences
34 Class Leaders
35 Life on the university campus
36 Life within the nursing program
37 Time as a deterrent to involvement
38 Time not a problem related to involvement
39 Values important to the faculty
40 How faculty instill values in students
Reaction to values systematically planned in the curriculum
Faculty decisions about values
Why NSNA exists as a local chapter
Faculty who do not value NSNA involvement
How to determine what is learned in NSNA
Perceptions of a formal tie of NSNA to the curriculum
Perceptions of an indirect tie of NSNA to the curriculum
Perceptions of few ties of NSNA to the curriculum
How to change NSNA relationship to the nursing curriculum
Transfer of skills from NSNA to clinical area/classroom
NSNA connections to the faculty
NSNA meetings
Local chapter financial status
Learning outside NSNA
Skills learned in NSNA
Knowledge learned in NSNA
Values learned in NSNA
NSNA learning used following graduation
Definition of professionalism
Learning professionalism within NSNA
Internalizing values as part of nature
Difference between learning and internalizing professionalism
Internalizing practice in one’s own way
NSNA perceived as "professional" clinical
NSNA and experiential learning
Feelings about mandatory NSNA membership
NSNA socializing students into the nursing profession
Nurses lack a professional identity
NSNA’s relationship to professional identity
APPENDIX D

CATEGORIES OF DATA: SET TWO

01 Background
   01 Nursing student background
   02 Nursing faculty background
   03 History of NSNA: Local chapter

02 University life
   35 Life on the university campus
   36 Life within the nursing program

03 Enjoyment of NSNA
   04 Enjoyment of officer role
   05 Enjoyment of NSNA as an organization

04 Why NSNA exists as a local chapter
   43 Why NSNA exists as a local chapter

05 Expectations of NSNA
   06 Expectations of NSNA

06 First exposure to NSNA
   07 First exposure to NSNA

07 Reasons for NSNA involvement
   08 Motivations/influences on involvement
   09 Involvement effect on resume/employment/scholarship

08 Early involvement effects
   10 Early involvement effects

09 Levels of NSNA involvement
   11 Officer over involvement
   14 Moderate involvement
   15 Increasing levels of involvement

10 Uninvolvement in NSNA
   12 Small group of actively involved students
   13 Uninvolved students
   44 Faculty who do not value NSNA involvement
11 Methods used to increase NSNA involvement
17 How to get more people involved
21 NSNA convention experiences
66 Feelings about mandatory NSNA membership

12 How involvement affects learning in NSNA
16 How involvement affects learning in NSNA

13 NSNA experiences woven into other life experiences
18 NSNA becomes part of life
19 NSNA as the "real world"

14 Ways to conceptualize NSNA
20 NSNA as a professional organization
64 NSNA perceived as "professional" clinical

15 Benefits of NSNA
22 NSNA helping other students
23 Networking
24 Role modeling
26 Reward of accomplishment/acknowledgment

16 University support of NSNA
25 University support of NSNA

17 NSNA activities
27 Community relationship with NSNA
52 NSNA meetings
53 Local chapter financial status

18 NSNA officer relationships with other nursing students
30 Relationship of officers to other board members
31 Relationship of officers to other nursing students

19 NSNA officer relationships with nursing faculty
32 Relationship of officers to faculty advisors
51 NSNA connections to the faculty

20 Perceptions of NSNA leaders
28 Role of officers/board members
29 Feelings of officers/board members
34 Difference between officers/committee chair experiences and other NSNA members’ experiences

21 Class leaders
34 Class leaders
22 Time as a factor in NSNA involvement
37 Time as a deterrent to involvement
38 Time not a problem related to involvement

23 Values in the nursing curriculum
39 Values important to faculty
40 How faculty instill values in students
41 Reaction to "values systematically planned in the curriculum"
42 Faculty decisions about values

24 How to determine what is learned in NSNA
45 How to determine what is learned in NSNA

25 Perceptions of NSNA and its tie to the nursing curriculum
46 Perceptions of a formal tie of NSNA to the curriculum
47 Perceptions of an indirect tie of NSNA to the curriculum
48 Perceptions of few ties of NSNA to the nursing curriculum
49 How to change NSNA relationship to the nursing curriculum

26 What is learned within the NSNA
55 Skills learned in NSNA
56 Knowledge learned in NSNA
57 Values learned in NSNA
60 Learning professionalism within NSNA
67 NSNA socializing students into the nursing profession

27 Transfer of NSNA learning
50 Transfer of skills from NSNA to clinical area/classroom
58 NSNA learning used following graduation

28 Learning outside NSNA
54 Learning outside NSNA

29 NSNA and experiential learning
65 NSNA and experiential learning

30 Internalizing what is learned in NSNA
61 Internalizing values as part of nature
62 Difference between learning and internalizing professionalism
63 Internalizing practice in one's own way
31 Professionalism in nursing
   59 Definition of professionalism
   68 Nurses lack a professional identity

32 NSNA’s relationship to professional identity
   69 NSNA’s relationship to professional identity
APPENDIX E

CATEGORIES OF DATA: SET THREE

01 Context
  01 Nursing student background
  02 Nursing faculty background
  03 History of NSNA: Local chapter
  04 Life on the university campus
  06 Life within the nursing program

02 Benefits of NSNA
  04 Enjoyment of officer role
  05 Enjoyment of NSNA as an organization
  22 NSNA helping other students
  23 Networking
  24 Role modeling
  26 Reward of accomplishment/acknowledgment

03 Initial perceptions about NSNA
  06 Expectations of NSNA
  07 First exposure to NSNA

04 Reasons for NSNA involvement
  08 Motivations/influences on involvement
  09 Involvement effect on resume/employment/scholarship

05 Levels of NSNA involvement
  11 Officer level involvement
  14 Moderate involvement
  15 Increasing levels of involvement

06 Lack of NSNA involvement: Ways to increase involvement
  10 Early involvement effects
  12 Small group of actively involved students
  13 Uninvolved students
  17 How to get more people involved
  21 NSNA convention experiences
  34 Class leaders
  37 Time as a deterrent to involvement
  36 Time not a problem related to involvement
  44 Faculty who do not value NSNA involvement
  66 Feelings about mandatory NSNA membership
07 How learning occurs in NSNA
  16 How involvement affects learning in NSNA
  65 NSNA and experiential learning

08 NSNA experiences woven into other life experiences
  18 NSNA becomes part of life
  19 NSNA as the "real world"
  50 Transfer of skills from NSNA to clinical area/classroom
  58 NSNA learning used following graduation

09 Ways to conceptualize NSNA
  04 Why NSNA exists as a local chapter
  20 NSNA as a professional organization
  64 NSNA perceived a "professional" clinical

10 NSNA officer relationships
  25 University support of NSNA
  30 Relationship of officers to other board members
  31 Relationship of officers to other nursing students
  32 Relationship of officers to faculty advisors
  51 NSNA connections to the faculty

11 NSNA activities
  27 Community relationship with NSNA
  52 NSNA meetings
  53 Local chapter financial status

12 Perceptions of NSNA leaders
  28 Role of officers/board members
  29 Feelings of officers/board members
  34 Difference between officers/committee chair experiences and other NSNA members’ experiences

13 Values in nursing
  39 Values important to faculty
  40 How faculty instill values in students
  41 Reaction to "values systematically planned in the curriculum"
  42 Faculty decisions about values
  59 Definition of professionalism
  68 Nurses lack a professional identity
  69 NSNA’s relationship to professional identity
14 Determining what is learned/internalized within NSNA
45 How to determine what is learned in NSNA
54 Learning outside NSNA
55 Skills learned in NSNA
56 Knowledge learned in NSNA
57 Values learned in NSNA
60 Learning professionalism within NSNA
61 Internalizing values as part of nature
62 Difference between learning and internalizing professionalism
63 Internalizing practice in one’s own way
67 NSNA socializing students into the nursing profession

15 Perceptions of NSNA and its tie to the nursing curriculum
46 Perceptions of a formal tie of NSNA to the curriculum
47 Perceptions of an indirect tie of NSNA to the curriculum
48 Perceptions of few ties of NSNA to the nursing curriculum
49 How to change NSNA relationship to the nursing curriculum
APPENDIX F

CATEGORIES OF DATA: SET FOUR

01 Context
   01 Nursing student background
   02 Nursing faculty background
   03 History of NSNA: local chapter
   35 Life on the university campus
   36 Life within the nursing program

02 Benefits of NSNA
   04 Enjoyment of officer role
   05 Enjoyment of NSNA as an organization
   09 Involvement effect on resume/employment/scholarship
   22 NSNA helping other students
   23 Networking
   24 Role modeling
   26 Reward of accomplishment/acknowledgement

03 Evolution of NSNA involvement
   06 Expectations of NSNA
   07 First exposure to NSNA
   08 Motivations/influences on involvement
   10 Early involvement effects
   11 Officer over involvement
   12 Small group of actively involved students
   13 Uninvolved students
   14 Moderate involvement
   15 Increasing levels of involvement
   17 How to get more people involved
   21 NSNA convention experiences
   34 Class leaders
   37 Time as a deterrent to involvement
   38 Time not a problem related to involvement
   44 Faculty who do not value NSNA involvement
   66 Feelings about mandatory NSNA membership

04 Conceptualizing NSNA
   04 Why NSNA exists as a local chapter
   20 NSNA as a professional organization
   64 NSNA perceived as a "professional clinical"
05 NSNA experiences woven into other life experiences
18 NSNA becomes part of life
19 NSNA as the "real world"
50 Transfer of skills from NSNA to clinical area/classroom
58 NSNA learning used following graduation

06 Role relationships and activities within NSNA
25 University support of NSNA
27 Community relationship with NSNA
28 Role of officers/board members
29 Feelings of officers/board members
30 Relationship or officers to other board members
31 Relationship of officers to other nursing students
32 Relationship of officers to faculty advisors
34 Difference between officers/committee chair experiences and other NSNA members' experiences
51 NSNA connections to the faculty
52 NSNA meetings
53 Local chapter financial status

07 Learning/internalizing within NSNA
16 How involvement affects learning in NSNA
45 How to determine what is learned in NSNA
54 Learning outside NSNA
55 Skills learned in NSNA
56 Knowledge learned in NSNA
57 Values learned in NSNA
60 Learning professionalism within NSNA
61 Internalizing values as part of nature
62 Difference between learning and internalizing professionalism
63 Internalizing practice in one's own way
65 NSNA and experiential learning
67 NSNA socializing students into the nursing profession

08 Values in nursing
39 Values important to faculty
40 How faculty instill values in students
41 Reaction to "values systematically planned in the curriculum"
42 Faculty decisions about values
59 Definition of professionalism
68 Nurses lack a professional identity
69 NSNA's relationship to professional identity
09 Perceptions of NSNA and its tie to the nursing curriculum
46 Perceptions of a formal tie of NSNA to the curriculum
47 Perceptions of an indirect tie of NSNA to the curriculum
48 Perceptions of few ties of NSNA to the nursing curriculum
49 How to change NSNA relationship to the nursing curriculum
APPENDIX G
DEFINITIONS OF SET FOUR CATEGORIES

01 Context
Descriptions of student and faculty backgrounds as they relate to nursing, the university and the nursing student organization (NSNA). A history of the local NSNA is included.

02 Benefits of NSNA
Descriptions and perceptions of the rewards nursing students obtain from NSNA.

03 Evolution of NSNA involvement
Descriptions and interpretations of the types of NSNA involvement, along with assessments of how involvement is encouraged or deterred.

04 Conceptualizing NSNA
Characterizations and interpretations of the purpose of NSNA.

05 NSNA experiences woven into other life experiences
Descriptions and interpretations of how experiences within NSNA relate to experiences within nursing and other areas of life.

06 Rule relationships and activities within NSNA
Descriptions and perceptions of relationships between NSNA leaders and other NSNA members, nursing faculty, the university, and the community. Descriptions of NSNA activities and functions are included.

07 Learning/internalizing within NSNA
Descriptions and interpretations of what is learned and/or internalized through the NSNA and how learning occurs.

08 Values in nursing
Descriptions of values important in the nursing profession along with interpretations of how values are taught in nursing programs. Perceptions of the relationship of NSNA to the value of professional identity are included.
Perceptions and interpretations of how factors within the formal nursing curriculum relate to the NSNA.
APPENDIX H

FACULTY CONSENT FORM

Purpose of the Study

The purpose of this study is to describe and understand how, or whether, student experiences within the NSNA (National Student Nurses Association) relate to internalizing the culture and values of the nursing profession.

I would like to talk with you about topics related to professional culture, values, nursing curriculums, and one nursing student organization (the local chapter of the NSNA). The focus group interview will take one to one and a half hours. After studying the information obtained in the interview, I may contact you by phone to seek clarification on one or more topics.

I, __________________________, understand that:

a. the information obtained during this study will be summarized for the purposes of writing a report.

b. the recordings and notes obtained in this interview will not be reviewed by anyone other than the investigator and the chairperson of my dissertation committee.

c. my participation in this study is voluntary. I may withdraw at any time by speaking to the investigator and any information collected from me will not be used in the study.

I agree to participate in this research according to the preceding terms.

______________________________ (Respondent Signature)

Address: _______________________

Telephone: ______________________
I agree to conduct this research according to the preceding terms.

(Investigator Signature) Date
Address:__________________________________________________________
Telephone:______________________________________________________
APPENDIX I

STUDENT CONSENT FORM

Purpose of the Study

The purpose of this study is to describe and understand how, or whether, student experiences within the NSNA (National Student Nurses Association) relate to becoming professionally socialized.

I would like to talk with you this semester about topics related to professional culture, values, and one nursing student organization (the local chapter of the NSNA). The initial interview will take one to two hours. After studying the information obtained in the interview, I may contact you by phone to seek clarification on one or more topics.

I, ________________, understand that:

a. the information obtained during this study will be summarized for the purposes of writing a report.

b. the recordings and notes obtained in this interview will not be reviewed by anyone other than the investigator and the chairperson of my dissertation committee.

c. my participation in this study is voluntary. I may withdraw at any time by speaking to the investigator and any information collected from me will not be used in the study.

I agree to participate in this research according to the preceding terms.

(Respondent Signature)

Address: ________________________________

Telephone: ________________________________
I agree to conduct this research according to the preceding terms.

(Investigator Signature)  Date
Address:__________________________
Telephone:__________________________